

**Chronic Pain Rules:** The Ohio State Dental Board posted draft rules of proposed new regulations on the prescribing of opioid medications for chronic and subacute pain.

The proposed rules were announced last week by Gov. John Kasich and medical professional boards. They create a framework of checkpoints for prescribers when authorizing progressively stronger doses of opioid pain relievers. (See Gongwer Ohio Report, May 2, 2018)

Comments on the rules can be sent to the dental board via email with the rule number in the subject line, and with the Common Sense Initiative copied on the email. Comments will be accepted through Friday, May 18.

The board also expects to hold a public hearing on the rule in July.

**Medicaid Waivers:** A report by Policy Matters Ohio questioned research cited by federal health care regulators in supporting Medicaid waivers imposing work requirements on certain members.

PMO claimed the Centers for Medicare and Medicaid Services misstated or misinterpreted the findings of various academic studies in justifying a move toward additional work requirements for Medicaid members.

"Medicaid's mission is to improve the health of Americans struggling to make ends meet," Wendy Patton, PMO senior project director, said in a statement. "Good health is a precondition for work, not a reward for it. Nothing in academic literature justifies CMS's plan. In fact, in many cases, the research shows why this policy is flawed."

### **Agency Briefs: AG Approves Petition For Legalized Pot Issue; Arts Council Gets Nearly \$1 Million NEA Grant; Auditor; ODA; DAS**

A resubmitted petition summary for a ballot issue to legalize marijuana in Ohio was approved Thursday by Attorney General Mike DeWine.

Backers of the proposed constitutional amendment, titled "Marijuana Rights and Regulations," will be cleared to begin collecting signatures after the Ohio Ballot Board determines whether the language requires a single or multiple issues.

Mr. DeWine's office determined that, unlike the committee's first attempt, the new petition summary represented "a fair and truthful statement of the proposed law."

Under the proposed amendment, which also prescribes how governments can restrict the use of marijuana in ways similar to alcohol-related laws, a new Ohio Constitution section would "endow the Rights of persons in Ohio age 21 and older to possess, cultivate, process, use, transport, sell, purchase and share marijuana in Ohio...."

**Ohio Arts Council:** For the ninth consecutive year, OAC is celebrating the award of the second-largest partnership agreement grant from the National Endowment for the Arts.

The \$995,800 received to help support arts initiatives throughout the state tops the amount granted to larger states such as Texas, Florida, New York, Illinois and Pennsylvania, OAC reported. (Details)

"Ohio has a long tradition of securing nearly \$1 million annually through the State and Regional Partnership Agreement program from the National Endowment for the Arts. We are proud to receive the largest award in the Midwest and the second largest award in the nation, OAC Executive Director Donna S. Collins said in a statement.

"Every dollar we earn from the NEA is invested in the arts statewide through our grantees. The federal investment in the arts in Ohio is important, not just the Ohio Arts Council grant award, but the 16 grants given this cycle in a variety of categories to arts organizations across Ohio."

**State Auditor:** Dave Yost has placed the Village of Bridgeport in Belmont County on the state's "unauditable" list due to a lack of documentation.

"During the course of the regular financial audit of the Village of Bridgeport for the period Jan. 1, 2016, through Dec. 31, 2017, the Auditor of State's office determined that the condition of the village's financial records was not adequate to complete the audit," his office reported. In a letter to the village, the Auditor's office provided a list of information required to complete the audit.

"Complete financial records shine a light on local governments," Auditor Yost said in a release. "Taxpayers should not be left in the dark on how their dollars are being spent."

The village has 90 days to respond to the letter by revising its financial records and providing the required data. Failure to do so could result in legal action.

In a separate release, Mr. Yost announced that Nicholas Szabo, the former city auditor of London in Madison County, pleaded guilty to theft in office "for his failure to reimburse the city for his health insurance costs and for an unauthorized pay increase for a fellow employee."

Mr. Szabo resigned in December. The auditor said he will be sentenced on the fourth-degree felony violation on June 7.

Mr. Yost also announced this week that a special audit of Mt. Sterling was recognized by the National State Auditors Association with an Excellence in Accountability Award.

"The award recognizes the office's work in uncovering extensive corruption and almost \$1 million in illegal spending at the small Madison County village," his office reported. "The special audit was instrumental in securing the convictions of four administrators

and employees, including former Mayor Charles Neff and former Village Administrator Joseph Johnson."

"The exemplary professionals of my office continually get results - and justice - for Ohio's taxpayers," Auditor Yost said. "This recognition from their peers is evidence of the first-rate work rooted in every audit and investigation they perform."

**Department of Agriculture:** The agency reported Thursday that an invasive species of hemlock-killing insects had been discovered in Adams County.

The hemlock woolly adelgid, an aphid-like Asian insect first reported in the U.S. in 1951, has devastated the trees in areas along the Appalachian Mountains and has been detected in 20 states.

The infestation in Adams County was discovered through the survey work being conducted by the ODNR Division of Forestry in Shawnee State Forest. The bugs were first detected in a forested setting in Ohio in Meigs County in 2012, the agency reported.

"At this time, ODA will move to expand its hemlock quarantine, enforced by ODA's Plant Health division, to include Adams County," ODA reported. "Ohio quarantine regulations restrict the movement of hemlock materials from areas known to be infested with HWA into non-infested Ohio counties. Ohio's quarantine law also requires hemlock materials to be inspected and officially certified before being shipped, verifying that the plant material is free of HWA when entering Ohio."

The agency separately announced that aerial treatments designed to control the gypsy moth population would begin soon in 54 acres in Franklin County. The treatments are administered using a low-flying aircraft and will likely take place during early morning hours, ODA said.

The department said it will use Foray (Btk), a naturally occurring bacterium found in the soil that interferes with the caterpillars' feeding cycles, adding that the substance is not toxic to humans, pets, birds or fish.

**Administrative Services:** The state will hold next miscellaneous surplus property auction on Saturday at the DAS General Services Division headquarters, 4200 Surface Rd. in Columbus.

Scaffolding and a Delta RS-15 shaper are among the unique items being sold at the auction, which also features "a wide variety of computer equipment (e.g., laptops, monitors and printers) and electronic appliances (e.g., copiers, digital cameras, DVD players, audio and video equipment and mobile radios).

Doors open at 8 a.m. and the auction begins at 9 a.m. More details are available on the DAS website.

## **Governor's Appointments**

**State Dental Board:** Andrew W. Zucker, DDS of Sandusky for a term beginning May 10, 2018, and ending April 6, 2022 and Canise Y. Bean, DMD, MPH of Columbus and Faisal A. Quereshy, MD, DDS of Richfield for terms beginning May 10, 2018, and ending April 6, 2022.

**University of Akron Board of Trustees:** Cindy P. Crofty of Cleveland Heights has been appointed to the for a term beginning May 10, 2018, and ending July 1, 2026.

### **Gongwer Statehouse Job Market Updated**

Gongwer's Statehouse Job Market has been updated. The update is available on the Gongwer website.

Subscribers interested in posting job openings on Gongwer's employment board can send job descriptions and other information to [gongwer@gongwer-oh.com](mailto:gongwer@gongwer-oh.com).

### **Supplemental Agency Calendar**

#### **Monday, May 14**

State Board of Education, 25 S. Front St., Columbus, 8:30 a.m.

#### **Tuesday, May 15**

State Board of Education, 25 S. Front St., Columbus, 8:30 a.m.

#### **Wednesday, May 16**

Public Utilities Commission of Ohio, 180 E. Broad St., 11th Fl., Columbus, 1:30 p.m.

#### **Thursday, May 17**

Aerospace & Aviation Technology Committee, Rm. 017, Statehouse, Columbus, 1:30 p.m.

17 S. High St., Suite 630

Columbus Ohio 43215

Phone: 614-221-1992 | Fax: 614-221-7844 | Email: [gongwer@gongwer-oh.com](mailto:gongwer@gongwer-oh.com)

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Click the # after a bill number to create a saved search and email alert for that bill.

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OHIO DEPARTMENT OF ADMINISTRATIVE SERVICES AND THE JOINT HEALTH CARE COMMITTEE

# My Benefits

FOR STATE OF OHIO EMPLOYEES / JULY 1, 2018 – JUNE 30, 2019



INSIDE  
THE  
GUIDE

**Open Enrollment information**  
**Walk-in Clinic vs. Urgent Care vs. Emergency Room**  
**Cut costs: compare providers**  
**What you should know before you go to get care**



# July 1, 2018 - June 30, 2019 Benefits Guide

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# Thank You for Your Service

*Employment with the State of Ohio is more than just a job – it is a privilege to serve our families, friends and neighbors who rely on us throughout our great state. You are a part of a team of diligent public servants dedicated to delivering excellent, efficient services. You play a key role in our continued success.*

*The compensation you receive as a State of Ohio employee includes wellness and financial benefits explained in this guide.*

*The benefits outlined here are effective for the July 1, 2018, to June 30, 2019, benefit year.*

**John R. Kasich**  
Governor  
State of Ohio

**Robert Blair**  
Director  
Ohio Department of  
Administrative Services

## THE JOINT HEALTH CARE COMMITTEE

The labor-management partnership overseeing the State of Ohio employee health care fund

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**BARBARA MONTGOMERY**  
Ohio Department of Medicaid

# Benefits Provided by the State of Ohio

Health Care Benefits		
BENEFIT	Areas of Coverage	Providers/Third-Party Administrators
Medical Care	Medical Coverage - Ohio Med PPO Prescription Drug Behavioral Health Wellness Program Take Charge! Live Well!	Aetna, Anthem, Medical Mutual of Ohio OptumRx Optum Behavioral Solutions Sharecare
Ohio Employee Assistance Program (OEAP)	Referral/Informational Services	Ohio Employee Assistance Program
Dental	Dental Coverage	Delta Dental (exempt employees)  <i>Union Benefits Trust (bargaining unit employees)</i>
Vision	Vision Coverage	EyeMed Vision Care (exempt employees)  <i>Union Benefits Trust (bargaining unit employees)</i>
Additional Benefits		
Benefit	Areas of Coverage	Providers/Third-Party Administrators
Life Insurance	Basic Life Insurance	Minnesota Life (exempt employees)  <i>Union Benefits Trust (bargaining unit employees)</i>
Life Insurance	Supplemental Life Insurance	Minnesota Life (exempt employees)  <i>Union Benefits Trust (bargaining unit employees)</i>
Disability	67 percent* of your base rate of pay while off work for a disabling condition  *Union-represented employees should check your collective bargaining agreement	Ohio Department of Administrative Services - Disability Unit
Workers' Compensation	Salary Continuation Occupational Injury Leave (for specific agencies) Temporary Total Compensation	Ohio Department of Administrative Services  Ohio Bureau of Workers' Compensation
Flexible Spending Accounts (FSA)	Health Care Spending Account (HCSA)  Dependent Care Spending Account (DCSA)	WageWorks
Commuter Choice	Transit and/or Parking	WageWorks

The State of Ohio provides quality, affordable and competitive benefits to eligible employees. Great care has been taken to select plan providers to ensure you receive quality benefits at competitive rates. Below is a summary of the benefits provided to you. To download the chart, click [here](#).

Health Care Benefits	
Eligibility	Effective
<ul style="list-style-type: none"> <li>• Full- and part-time permanent employees</li> <li>• Part-time temporary employees who meet the Affordable Care Act eligibility requirements</li> <li>• Eligible spouses and dependents younger than 26, or who are 26 and qualify as a disabled dependent</li> </ul>	<i>First day of the month following a change in status/ qualifying event, such as date of hire or marriage/ divorce. The birth of a child(ren) or adoption/placement of a child is effective the date of the qualifying event.</i>
<i>All state employees and their dependents</i>	<i>Upon employment</i>
<i>Full- and part-time permanent employees with one year of continuous state service, and dependents younger than 23, or those who qualify as disabled dependents</i>	<i>First day of the month following the completion of one year of continuous state service</i>
<i>See benefitstrust.org for details</i>	<i>See benefitstrust.org for details</i>
<i>Full- and part-time permanent employees with one year of continuous state service, and dependents younger than 23, or those who qualify as disabled dependents</i>	<i>First day of the month following the completion of one year of continuous state service</i>
<i>See benefitstrust.org for details</i>	<i>See benefitstrust.org for details</i>
Additional Benefits	
Eligibility	Effective
<i>Full- and part-time permanent employees, firefighters, judges and other elected officials serving fixed terms of office with one year of continuous state service.</i>	<i>First day of the month following the completion of one year of service</i>
<i>See benefitstrust.org for details</i>	<i>See benefitstrust.org for details</i>
<i>Full- and part-time permanent employees, firefighters, judges and other elected officials serving fixed terms of office and their eligible dependents.</i>	<i>For guaranteed issue amounts: first of the following month in which the request for coverage is made. For coverage requiring evidence of insurability (EOI): approval date or first of the following month, whichever is later.</i>
<i>See benefitstrust.org for details</i>	<i>See benefitstrust.org for details</i>
<i>Full-time permanent employees who have completed one year of continuous state service Part-time permanent employees who have completed one year of continuous state service and have worked 1,500 or more hours within the 12 calendar months preceding the date of disability</i>	<i>First day of the month following the completion of one year of continuous state service (immediately prior to the date of disability)</i>
<i>Full- and part-time permanent employees</i>	<i>Upon employment</i>
<i>All state employees</i>	<i>Upon employment</i>
<i>Full- and part-time permanent employees who have completed their initial probationary period at the time of the FSA Open Enrollment</i>	<i>First day of the month following enrollment or Jan. 1</i>
<i>Full- and part-time permanent employees</i>	
<i>All state employees</i>	<i>First day of the month if you enroll by the fifth of the previous month</i>

# Open Enrollment Periods

## OPEN ENROLLMENT IN THE SPRING MAY 21 THROUGH JUNE 1, 2018 *Medical, Dental, Vision and Supplemental Life Insurance*

The Open Enrollment period in the spring allows employees the opportunity to enroll or make election changes in the following health care coverage and supplemental life insurance benefits:

- Medical, which includes Behavioral Health, Prescription Drug and Wellness (known as the *Take Charge! Live Well!* program);
- Dental;
- Vision; and
- Supplemental Life Insurance.

This guide informs you and your family about the State of Ohio's employee health care and supplemental life insurance benefits available this coming benefit year, which begins July 1, 2018. Eligible employees can elect to enroll or disenroll themselves and/or their dependents in medical, dental, vision and supplemental life insurance coverage during the Open Enrollment period, which will be held **Monday, May 21 through Friday, June 1**.

If you already are enrolled in benefits:

1. Review your Benefits Summary by logging into [myohio.gov](http://myohio.gov) and clicking the myBenefits button to access benefit information for you as well as your dependents, if applicable.
2. Ensure your dependents still meet the eligibility requirements by visiting [das.ohio.gov/eligibilityrequirements](http://das.ohio.gov/eligibilityrequirements).

If you do not have any changes to your coverage, no additional action is required.

If you wish to waive your current health care coverage, you will need to do so during Open Enrollment.

Any dependent who is pending documentation approval during Open Enrollment will not be enrolled until required documentation is received by your agency or the Ohio Department of Administrative Services. Documentation must be submitted by **July 31, 2018**, for these dependents to be enrolled in coverage. It is recommended that you submit all required documentation as soon as possible.

## **Changes for the Upcoming Benefit Year for Exempt Employees**

- Vision Plan – Beginning July 1, 2018, the vision plan administrator for exempt employees will change from VSP to EyeMed Vision Care. Exempt employees enrolled in vision coverage will receive a welcome packet from EyeMed in June with two identification cards. EyeMed ID cards also can be obtained from the EyeMed website, [eyemed.com](http://eyemed.com), or the EyeMed mobile app. The EyeMed ID cards are not required when using the benefit.
- Employees enrolled in medical coverage will receive an ID card from Optum Behavioral Solutions in June for use with their behavioral health coverage.
- The third-party administrator for the wellness program (known as *Take Charge! Live Well!*) is now Sharecare, which acquired Healthways in 2016. The program remains the same and is being administered by the same staff and health coaches.

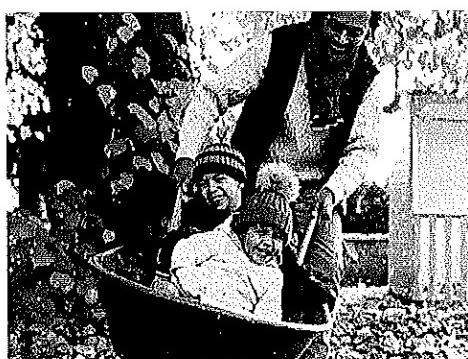
## FLEXIBLE SPENDING ACCOUNTS OPEN ENROLLMENT IN THE FALL

The Open Enrollment period in the fall allows employees the opportunity to enroll in the Flexible Spending Accounts, which include:

- Health Care Spending Accounts; and
- Dependent Care Spending Accounts.

The Flexible Spending Accounts Open Enrollment is administered by WageWorks and is being held in the fall.

See Pages 37 and 38 for more information about these programs.



# Benefits Enrollment Instructions

## MEDICAL, DENTAL AND VISION ENROLLMENT

You can enroll in coverage for medical, dental and/or vision, if eligible, online at [myohio.gov](http://myohio.gov) or via paper enrollment.

If you are a new employee who has not already received your State of Ohio User ID in a letter or email, contact your agency human resources representative. If you have not obtained your password for [myohio.gov](http://myohio.gov), contact the OAKS Help Desk by calling toll-free, 800-409-1205 (in Columbus, 614-466-8857), option 1, or email [oaks.helpdesk@das.ohio.gov](mailto:oaks.helpdesk@das.ohio.gov).

### A. ONLINE ENROLLMENT

#### Login instructions for the original myOhio.gov:

- Go to [myohio.gov](http://myohio.gov).
- Enter your State of Ohio User ID and password.
- Click on **myBenefits** under Self Service Quick Access on the left side of the page.
- Click on the **Benefits Summary** link.
- Click on **Enroll in Benefits** and make the necessary changes or updates.

#### Login instructions for the new myOhio.gov:

- Go to [myohio.gov](http://myohio.gov).
- Enter your State of Ohio User ID and password.
- Click on quick links (four square icon) in the upper right corner of the page.
- Click on **myBenefits** under Self Service Quick Access on the left side of the page.
- Click on the **Benefits Summary** link.
- Click on **Enroll in Benefits** and make the necessary changes or updates.

#### Benefits System Availability via [myohio.gov](http://myohio.gov)

##### Non-Payday Week

Monday – Thursday..... Available 24 hours/day  
Friday..... All day until 7 p.m.  
(*myPay unavailable all day*)

Saturday and Sunday..... Unavailable

##### Payday Week

Monday – Friday ..... Available 24 hours/day  
Saturday..... All day except 4 to 6 p.m.  
Sunday..... Unavailable

**Deadline** – Make and submit your selections through [myohio.gov](http://myohio.gov) by the end of the Open Enrollment period, within 31 days of your hire date or a change in status/qualifying event. Make sure your online elections are correctly submitted. At the end of the process you will receive a confirmation message.

## B. PAPER ENROLLMENT

Obtain a paper Benefit Enrollment/Change Form (Form ADM 4717) on the Benefits Administration website at [das.ohio.gov/forms](http://das.ohio.gov/forms) or from your agency human resources representative.

**Deadline** – Give your completed and signed Benefit Enrollment/Change Form (Form ADM 4717) to your agency human resources representative within 31 days of your hire date or a change in status/qualifying event.

Bargaining unit employees must complete separate vision and dental forms.

## CHANGE IN STATUS/QUALIFYING EVENT DEADLINE

To ensure timely processing of your enrollment, you must complete your enrollment and provide all necessary dependent documentation within 31 days of the change in status/qualifying event. A listing of the required documentation is available at [das.ohio.gov/eligibilityrequirements](http://das.ohio.gov/eligibilityrequirements). Coverage elections will not be submitted for dependents until all eligibility documents are received and approved by your agency human resources representative.

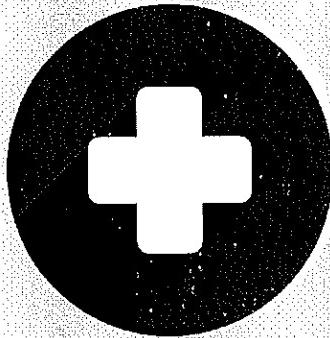
It can take between two to three weeks from the completion of your enrollment process to receive your medical and prescription drug identification cards.

## SUPPLEMENTAL LIFE ENROLLMENT FOR EXEMPT EMPLOYEES

### How to Enroll in Supplemental Life

To enroll in supplemental life insurance for exempt employees, visit the Minnesota Life website at [lifebenefits.com](http://lifebenefits.com). For login instructions, the initial user ID is "OH" plus your State of Ohio User ID. The initial password is your date of birth (MMDDYYYY) plus the last four digits of your Social Security number. You also may obtain a supplemental life enrollment form on the Forms section of the Benefits Administration website at [das.ohio.gov/forms](http://das.ohio.gov/forms).





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## Medical:

Aetna  
800-949-3104  
[aetnastateohioemployee.com](http://aetnastateohioemployee.com)

Anthem  
844-891-8359  
[enrollment.anthem.com/stateofohio](http://enrollment.anthem.com/stateofohio)

Medical Mutual of Ohio  
800-822-1152  
[stateofohio.medmutual.com](http://stateofohio.medmutual.com)

## Prescription Drug

OptumRx  
866-854-8850 / [optumrx.com](http://optumrx.com)

## Behavioral Health

### and Substance Use

Optum Behavioral Solutions  
800-852-1091 / [liveandworkwell.com](http://liveandworkwell.com)

**Ohio Employee Assistance Program**  
800-221-6327 / [ohio.gov/eaap](http://ohio.gov/eaap)

## *Take Charge! Live Well!*

Sharecare  
866-556-2288 / [ohio.gov/tclw](http://ohio.gov/tclw)

**Delta Dental of Ohio** (exempt employees)  
800-524-0149  
[deltadentaloh.com](http://deltadentaloh.com)

**EyeMed Vision Care** (exempt employees)  
888-838-4033 / [eyemed.com](http://eyemed.com)

**Union Benefits Trust**  
614-508-2255 / 800-228-5088  
[benefittrust.org](http://benefittrust.org)

## Benefits Provided by the State of Ohio

Your health benefits include medical, prescription drug, behavioral health, dental, vision and the *Take Charge! Live Well!* program. The benefit year is the 12-month period from July 1 through June 30 during which services are rendered and your deductible and coinsurance are accumulated.

All of the State of Ohio health plans are self-funded programs. This means that the cost of benefits is funded by contributions from you and the State of Ohio. All claims for services and procedures are paid directly from these contributions. When the amount of claim payments is greater than the amount of contributions from employees and the state, medical costs increase.

$$\text{Employee Contributions} + \text{State Contributions} = \text{TOTAL CONTRIBUTIONS}$$

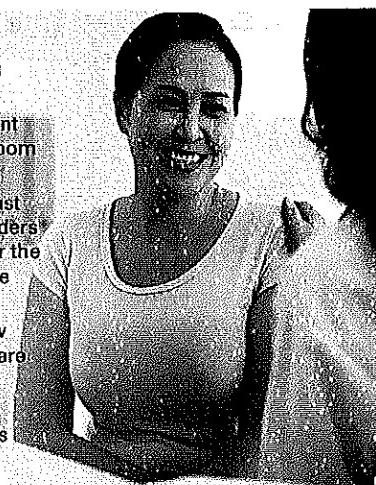
**Being smart consumers and making informed choices is one way to keep the cost of medical claims down.** State employees can help by choosing a primary care physician and visiting him or her regularly. Developing a relationship with a primary care physician can reduce trips to the emergency room and other urgent care facilities.

Also, the State of Ohio's third-party administrators offer helpful tools on their websites to assist you in making smart decisions. These tools can help you identify an in-network primary care physician that best fits your needs. Because the costs for the same services can vary widely (e.g., X-ray, colonoscopy, MRI, etc.), using these tools can result in savings for you and the state. For more information, see the third-party administrator contact information on this page.

Another way to keep claim costs low is by taking care of yourself and your family's health. The State of Ohio offers many preventive care benefits, often at no cost to you or your dependents. See the chart of available services on Page 16. The state also offers its employees and spouses a wellness program, known as *Take Charge! Live Well!*, to aid you in your quest to be mentally, physically and fiscally healthy.

Take advantage of your benefits with the following information:

- Walk-in Clinic vs. Urgent Care vs. Emergency Room (Page 13);
- Compare providers. Just like retail stores, providers have different costs for the same procedures (Page 13);
- What you should know before you go to get care (Page 17); and
- Mobile apps for your benefits administrators (Page 17).



# Medical Coverage

As an eligible employee enrolling in medical coverage, you automatically gain prescription drug, behavioral health and *Take Charge! Live Well!* benefits.

## COST

Each employee who is enrolled in the Ohio Med Preferred Provider Organization (PPO) Plan, the State of Ohio's medical plan, pays a portion of the total contribution through pre-tax biweekly or monthly payroll contributions for their coverage. The remaining portion of the total contribution is paid for by the State of Ohio. See the chart on Page 14. Your out-of-pocket costs will be assessed as outlined on Page 15.

## ELIGIBILITY

Most state employees are eligible for medical coverage effective the first day of the month following their date of hire or if they experience a change in status/qualifying event. Dependents are eligible for medical coverage up to the age of 26. See Pages 10 and 11 for more details. Coverage may be continued after age 26 if the dependent qualifies as disabled or elects coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA).

## Full-time and Part-time Permanent Employees Only

You are eligible for the state's medical benefits if you are a full-time or part-time permanent employee.

## Part-time Permanent Employees Only

- The contribution tier for part-time permanent employees is determined annually.
- The percentage that part-time permanent employees pay toward their contributions is based on their average number of service hours. Average service hours are calculated over a 12-month period (called the Standard Measurement Period), which begins the first pay period in May and goes through the last pay period in April. Any change in your contribution becomes effective July 1, the beginning of the new plan year.

Average service hours per week	Percent of Contribution you pay
0-19.99 hours	100%
20-29.99 hours	50%
30+ hours	15%



## Part-time Temporary Employees Only

The Affordable Care Act requires the State of Ohio to offer only medical coverage to all part-time temporary employees who average at least 30 service hours per week over a 12-month measurement period (called the Initial Measurement Period).

- Part-time temporary employees are those typically hired as interns, intermittents or external interim employees. This does not include AmeriCorps volunteers or contingent workers.
- Part-time temporary employees who are hired with a reasonable expectation of averaging 30 or more service hours per week in their first 12 months of employment will be eligible to enroll in medical coverage at the date of hire. Coverage is effective the first day of the month following the date of hire. The State of Ohio cannot terminate the coverage until 12 months has expired, you terminate service with the State of Ohio for more than 31 days or you experience a change in status/ qualifying event.
- Part-time temporary employees who are hired with a reasonable expectation of averaging 29.99 service hours or less per week will not be eligible to enroll in medical coverage at the time of hire. Instead, you will be measured over the 12-month Initial Measurement Period.
- The Initial Measurement Period begins the first full pay period after the first pay period with one or more service hours credited.
- Upon completion of the Initial Measurement Period, if you average 30 or more service hours, you will be offered the opportunity to enroll in medical coverage the first of the month following the end of the Initial Measurement Period.

## Dependent Eligibility for Benefits

Dependent Category	Medical	Dental	Vision	Supplemental Life
Children younger than age 23	Coverage available for eligible dependents <sup>1</sup>	Coverage available for eligible dependents <sup>2</sup>	Coverage available for eligible dependents <sup>2</sup>	Coverage available for eligible dependents
Children ages 23 - 25	Coverage available for eligible dependents <sup>1</sup>	No coverage available	No coverage available	Coverage available for eligible dependents

<sup>1</sup>View detailed eligibility and documentation requirements at: [das.ohio.gov/eligibilityrequirements](http://das.ohio.gov/eligibilityrequirements).

<sup>2</sup>Student verification is needed for dependents age 19 to age 23. View detailed eligibility and documentation requirements at: [das.ohio.gov/eligibilityrequirements](http://das.ohio.gov/eligibilityrequirements).

Note: When one of your enrolled dependents is or becomes ineligible for benefits coverage based on the state's definition of eligibility (e.g., divorce, change in student status), it is your responsibility to contact your agency human resources representative immediately to remove him or her from your coverage. If removed, your dependent may be eligible to continue his or her medical, dental and/or vision benefits through COBRA if you notify your agency human resources representative within 60 days after the change in status/qualifying event.

Enrollment or continuation of enrollment of an ineligible dependent may result in loss of benefits, disciplinary action and/or repayment of claims. If you fail to remove a dependent from coverage within 31 days of a change in status/qualifying event, you may be responsible for health care expenses incurred by the ineligible dependent.

### DEPENDENT ELIGIBILITY

Family members described below may be eligible for coverage under your health benefits package.

Note: Dependent children are only eligible for dental and vision benefits if unmarried and younger than age 23; however, dependent children ages 19 through 22 must be students.

Documentation will be required at the time of dependent enrollment to verify eligibility.

To view the detailed eligibility and documentation requirements for all dependents, please go to [das.ohio.gov/eligibilityrequirements](http://das.ohio.gov/eligibilityrequirements).

#### 1. Spouse

- Your current legal spouse as recognized by Ohio law.

#### 2. Children younger than age 26 including:

- Your biological children (married or unmarried);
- Your legally adopted children: adopted children have the same coverage as children born to you or your spouse, whether or not the adoption has been finalized. Coverage begins upon placement/custody for adoption;
- Your stepchildren;
- Non-emancipated foster children. Emancipation is defined as the age of 18 unless specifically stated in the court order;
- Non-emancipated children for whom either you or your spouse has been appointed legal guardian; and

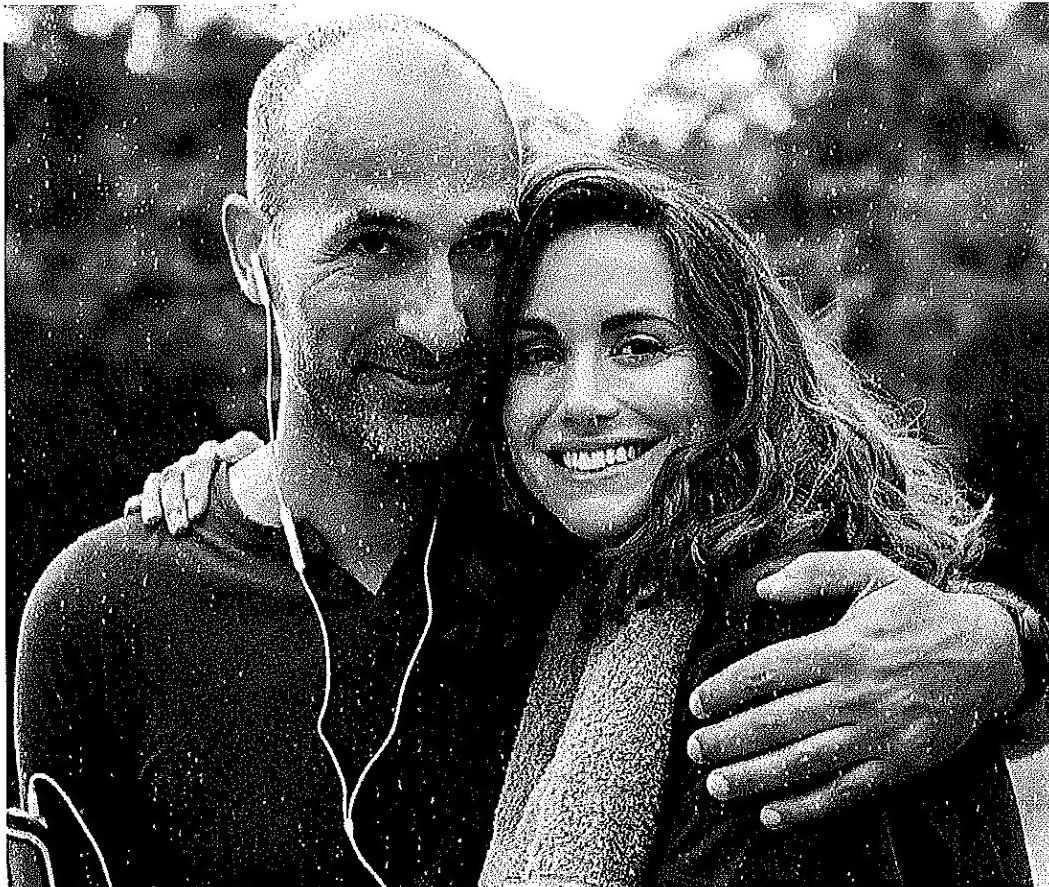
- Children for whom the plan has received a Qualified Medical Child Support order; the child must be named as your alternate recipient in the order.

#### 3. Unmarried children incapable of self-care

Unmarried children who are incapable of self-support due to a qualifying developmental disability, severe mental illness or physical handicap, whose disability began before age 23 and who are primarily dependent upon you are eligible for medical coverage. When there is an unsuccessful attempt at independent living, a child covered pursuant to this provision may be re-enrolled for coverage, provided that the application is submitted within five years following loss of coverage.

This coverage is not automatic. You must complete the applicable form for your third-party administrator of the Ohio Med PPO. A form for each third-party administrator can be obtained from your agency's human resources representative.

Periodically, but not more than once a year, proof of continued incapacity and dependence must be provided upon request.



**Examples of persons not eligible for coverage as a dependent include, but are not limited to:**

- A spouse from whom the employee is legally divorced or legally separated;
- Live-in boyfriend or girlfriend;
- Parents or parents-in-law;
- Grandchildren (unless the employee is the court-appointed legal guardian);
- Adults who are not the employee's or spouse's children under guardianship of employee (brother, sister, aunt, uncle, etc.);
- A spouse from a common-law marriage established after Oct. 10, 1991;
- Any other members of your household who do not meet the definition of an eligible dependent;
- A child who is eligible as an employee of the State of Ohio is not eligible as the dependent of a parent who also is a State of Ohio employee,

except as required by the Patient Protection and Affordable Care Act; and

- A child of a state employee cannot also be covered as the spouse of another state employee.

**Employees are required to disenroll a dependent who becomes ineligible.**

Providing false or misleading dependent eligibility information may result in any or all of the following actions by the State of Ohio:

- Loss of coverage;
- Disciplinary action, up to and including dismissal;
- Collection action to recoup payments of benefits and claims paid for individuals determined to be ineligible; and/or
- Civil and/or criminal prosecution.

Visit the Definitions and Required Documents Checklist at [das.ohio.gov/eligibilityrequirements](http://das.ohio.gov/eligibilityrequirements) to learn what is needed to disenroll an ineligible dependent.

### 3-DIGIT ZIP CODE BREAKDOWN

The state contracts with Aetna, Anthem and Medical Mutual of Ohio to serve as the third-party administrators for the Ohio Med PPO Plan. This plan allows employees and eligible dependents to have access to both network and non-network providers.

Aetna, Anthem and Medical Mutual of Ohio each serve State of Ohio employees based on the first three digits of their home ZIP code. Please review the ZIP code chart below to find your plan administrator. Employees with home ZIP codes outside Ohio will be enrolled in Anthem.

3-Digit ZIP Code			
Columbus, Toledo			
430	431	432	433
434	435	436	448
449			
3-Digit ZIP Code			
Cincinnati, Dayton Southern Ohio, Springfield Youngstown, Out of State			
437	438	439	444
445	450	451	452
453	454	455	456
457	458		
3-Digit ZIP Code			
Akron, Cleveland			
440	441	442	443
446	447		

### SPECIFIC BENEFIT INFORMATION

The Ohio Med PPO plan does not contain pre-existing condition exclusions; therefore, coverage is available to you and your eligible dependents regardless of current health or health history.

Your out-of-pocket costs, such as copayments, deductibles and co-insurance, are shared and combined with your behavioral health plan. If you receive services prior to meeting your deductible, you may need to pay for these services up to the deductible amount before your plan starts paying. This does not apply to routine office visits for which you only pay an office visit copayment.

For specific plan information, see Pages 14 and 15.

### ENROLLMENT

You can enroll online using [myohio.gov](#). See the Benefits Enrollment Instructions on Page 7.

If you do not enroll within 31 days of your date of hire or after you experience a change in status/qualifying event, you must wait until the next annual Open Enrollment period (typically held in the spring).

If you do experience a future change in status/qualifying event, you will have 31 days to add or remove yourself or your dependent(s) to or from coverage.

Visit the Definitions and Required Documents Checklist at [das.ohio.gov/eligibilityrequirements](#) to learn what is needed to enroll an eligible dependent.

## Summary of Benefits and Coverage

A requirement of the Affordable Care Act, the Summary of Benefits and Coverage (SBC), is a comprehensive document that details simple and consistent information about medical plan benefits and coverage. It will help you to understand the basics of your coverage and allow you to compare any different coverage options you may have. It summarizes the key features of the plan, such as covered benefits, out-of-pocket provisions and limitations and exceptions.

All insurance companies and group health plans must use the same standard SBC form. The SBC also contains a link to the required Uniform Glossary, which provides definitions of many commonly used health coverage and medical terms. To learn more, visit [das.ohio.gov/benefits](#). The SBC is listed along the right navigation pane under the Publications and Notices section.

## Finding the Right Care

### Find the Right Care for You

Options	What it is	Best for
Walk-in Clinic \$	Clinic in retail store or pharmacy staffed by nurse practitioners	Basics: Ear/sinus infections, sore throat/strep, minor sprains, bronchitis, coughs, cold/flu, vaccines
Urgent Care Center \$\$	Self-standing center or located in health facility; staffed by physicians and nurses	Serious, not life-threatening: Fractures or sprains needing X-rays, deep cuts needing stitches, severe rash
Emergency Room \$\$\$	Hospital department open 24/7; staffed and equipped for life-threatening care	Threat to life or limb: Chest pain, difficulty breathing, seizures, major break, head trauma, bleeding, allergic reaction, loss of consciousness

## Where to Get Care

RIGHT CARE. RIGHT PLACE. RIGHT TIME.

### Non-Emergency

- 24-hour Nurse Advice Line 866-556-2288, option 1
- Home/local
  - Call your primary doctor.
  - He/she knows you and your health best.
- After-hours or traveling
  - Call your doctor for advice, if possible.
  - Ask questions and understand your options if he/she isn't able to see you.

## Need Surgery? Choose Wisely.

### COMPARE HOSPITALS

- Leapfrog Group Hospital Safety Score
  - Gold standard: Measures quality, safety, performance and transparency
  - Review results online at no cost.
  - [hospitalsafetygrade.org](http://hospitalsafetygrade.org)
- Hospital Compare
  - Summarizes up to 64 quality measures.
  - [medicare.gov/hospitalcompare](http://medicare.gov/hospitalcompare)

Source: Health Action Council

## Save Money: Use Benefits Wisely

All of the State of Ohio's health plans are self-funded. This means that the cost of your benefits is funded by contributions from you and the State of Ohio. All claims are paid from these contributions. Your third-party administrator does not pay for them. Rather, Aetna, Anthem and Medical Mutual of Ohio are paid an administrative fee to review claims and process payments. When the amount of claim payments is greater than the amount of contributions from you and the State of Ohio, medical costs increase.

It is up to each of us to use our benefits wisely. We can all do our part by making wellness a priority in our lives, evaluating our options when we need care and avoiding unnecessary visits.

Take advantage of consumer tools provided by our medical third-party administrators that enable you to shop and find lower costs for the services provided (MRIs, labs, surgeries, etc.) by visiting your third-party administrator's website listed on Page 8.



### Full-Time Employee Medical Contributions

Full-Time Permanent Part-Time Permanent (30 or more hours a week) Part-Time Temporary (30 or more hours a week)				Full-Time employees Monthly Paid Employee Contributions <sup>1</sup> 15% tier		
	Employee Share	State Share	Total	Employee Share	State Share	Total
Single	\$49.40	\$278.88	\$328.28	\$107.04	\$604.25	\$711.29
Family Minus Spouse	\$135.27	\$765.47	\$900.74	\$293.09	\$1,658.48	\$1,951.57
Family Plus Spouse	\$141.04	\$765.47	\$906.51	\$305.59	\$1,658.48	\$1,964.07

<sup>1</sup>These rates represent the total amount that will be contributed from your paycheck.

<sup>2</sup>Family Plus Spouse rates above include a charge of \$12.50 per month to cover a spouse.

### Part-Time Employee Medical Contributions

Part-Time Permanent (20.00 - 29.99 hours a week)				Part-Time Permanent Employees (up to 19.99 hours a week)		
	Employee Share	State Share	Total	Employee Share	State Share	Total
Single	\$164.14	\$164.14	\$328.28	\$328.28	\$0.00	\$328.28
Family Minus Spouse	\$450.37	\$450.37	\$900.74	\$900.74	\$0.00	\$900.74
Family Plus Spouse	\$456.14	\$450.37	\$906.51	\$906.51	\$0.00	\$906.51

<sup>1</sup>These rates represent the total amount that will be contributed from your paycheck.

<sup>2</sup>Family Plus Spouse rates above include a charge of \$12.50 per month to cover a spouse.

## Ohio Med PPO

Out-of-Pocket Costs	
<b>Annual Deductible</b>	\$250 single, \$500 family in-network; \$500 single, \$1,000 family out-of-network. This deductible is combined with behavioral health
<b>Your Copayments (Office Visits)</b>	Primary care physician: \$20 in-network, \$30 out-of-network; Specialist: \$25 in-network; \$30 out-of-network
<b>Coinurance</b>	You pay 20%, plan pays 80% in-network; you pay 40%, plan pays 60% <sup>1</sup> out-of-network
<b>Your Out-of-Pocket Maximum<sup>2</sup></b>	\$1,500 single, \$3,000 family in-network; \$3,000 single, \$6,000 family <sup>3</sup> out-of-network. This deductible is combined with behavioral health.
Benefit/Service	
Coverage Levels	
<b>Chiropractic Care</b>	<ul style="list-style-type: none"> <li>▪ Covered at 80% in-network; 60% out-of-network</li> <li>▪ Unlimited visits (review required after 25 visits)</li> </ul>
<b>Diagnostic, X-Ray and Lab Services</b>	<ul style="list-style-type: none"> <li>▪ Covered at 80% in-network; 60% out-of-network</li> </ul>
<b>Durable Medical Equipment</b>	<ul style="list-style-type: none"> <li>▪ Covered at 80% in-network; 60% out-of-network</li> </ul>
<b>Emergency Room</b>	<ul style="list-style-type: none"> <li>▪ Covered at 80%; \$100 copay, which is waived if patient is admitted as inpatient; 60% out-of-network for non-emergency</li> </ul>
<b>Hearing Loss<sup>4</sup> (Accidental, Injury or Illness)</b>	<ul style="list-style-type: none"> <li>▪ Covered at 80% in-network; 60% out-of-network</li> <li>▪ Hearing aids, exams and follow-ups are included in coverage</li> </ul>
<b>Home Health Care</b>	<ul style="list-style-type: none"> <li>▪ Covered at 80% in-network; 60% out-of-network; limit of 180 days</li> </ul>
<b>Hospice Services</b>	<ul style="list-style-type: none"> <li>▪ Covered at 100% with no copay, time or dollar limitations for both in- and out-of-network</li> </ul>
<b>Immunizations</b>	<ul style="list-style-type: none"> <li>▪ Most are covered at 100% in-network; 60% out-of-network<sup>5</sup></li> </ul>
<b>Infertility Testing</b>	<ul style="list-style-type: none"> <li>▪ Covered at 80% after applicable copay, for in-network; 60% after \$30 copay out-of-network</li> <li>▪ Coverage includes testing only</li> </ul>
<b>Inpatient and Outpatient Services</b>	<ul style="list-style-type: none"> <li>▪ Covered at 80% in-network; 60% out-of-network</li> </ul>
<b>Maternity - Delivery</b>	<ul style="list-style-type: none"> <li>▪ Covered at 80% in-network; 60% out-of-network</li> </ul>
<b>Maternity- Prenatal/ Postpartum Care</b>	<ul style="list-style-type: none"> <li>▪ Prenatal Care: Office visits covered at 100% when billed separately from delivery; tests/procedures covered at 80% in-network; 60% out-of-network. Postpartum Care: breast-feeding support and counseling (including lactation classes), and supplies (including breast pump rental) covered at 100%</li> </ul>
<b>Physical, Occupational and Speech Therapy</b>	<ul style="list-style-type: none"> <li>▪ Covered at 80% in-network; 60% out-of-network</li> <li>▪ Unlimited visits (review required after 25 visits)</li> <li>▪ Includes coverage for Autism Spectrum Disorder</li> </ul>
<b>Preventive Exams and Screenings<sup>6</sup></b>	<ul style="list-style-type: none"> <li>▪ Most preventive care covered at 100% in-network; 60% out-of-network</li> <li>▪ Age restrictions may apply</li> </ul>
<b>Skilled Nursing Facility</b>	<ul style="list-style-type: none"> <li>▪ Covered at 80%; 180-day limit, additional days covered at 60% for both in- and out-of-network</li> </ul>
<b>Urgent Care</b>	<ul style="list-style-type: none"> <li>▪ \$30 copay in-network; \$35 copay out-of-network</li> <li>▪ Covered at 80% in-network; 60% out-of-network</li> </ul>

<sup>1</sup> Plan pays 60% of Ohio Med PPO Plan's contracted allowable amount and you pay any remaining balance, known as balance billing.

<sup>2</sup> For prescription drug out-of-pocket cost information, see chart on Page 19.

<sup>3</sup> If your out-of-network charge is greater than the Ohio Med PPO Plan contracted allowable amount, your out-of-pocket costs will be more.

<sup>4</sup> Hearing aids for natural hearing loss are covered at 50%, up to \$1,000 per lifetime.

<sup>5</sup> For a list of immunizations paid at 100%, see Page 16.

<sup>6</sup> See Preventive Care chart on Page 16.

# Preventive Care

## STAY HEALTHY, SAVE MONEY

Preventing and detecting disease early is important to living a healthy life. The better your health, the lower your health care costs are likely to be. One of the most important healthy actions you can take is to schedule regular check-ups and screenings with your primary care physician.

Your State of Ohio PPO Plan offers the following services with no deductible, no copayment and no coinsurance for network providers. Other services are available for the normal copayment, coinsurance and deductible amounts.

Free Exams and Screenings		Free Immunizations	
Clinical breast exam	1/plan year	Diphtheria, tetanus, pertussis (DTaP)	2/4/6/15-18 months; 4-6 years
Colonoscopy	Every 10 years starting at age 50	Haemophilus influenza b (Hib)	2/4/6/12-15 months
Flexible sigmoidoscopy	Every 10 years starting at age 50	Hepatitis A (HepA)	2 doses between 1-2 years
Glucose	1/plan year	Hepatitis B (HepB)	Birth; 1-2 months; 6-18 months
Gynecological Exam	1/plan year	Human Papillomavirus (HPV)	3 doses for 9-26 years
Hemoglobin, hematocrit or CBC	1/plan year	Influenza	1/plan year
Lipid profile or total and HDL cholesterol	1/plan year	Measles, mumps, rubella (MMR)	12-15 months, then at 4-6 years; adults who lack immunity
Mammogram	1 routine and 1 medically necessary/plan year	Meningococcal (MCV4)	1 dose between 11-12 years or start of high school or college
Pre-natal office visits	As needed; based on physician's ability to code claims separately from other maternity-related services	Pneumococcal	2/4/6 months; 12-15 months; annually at age 65 and older; high risk groups
Stool for occult blood	1/plan year	Poliovirus (IPEV)	2 and 4 months; 6-18 months; 4-6 years
Urinalysis	1/plan year	Rotavirus (Rota)	2/4/6 months
Well-baby, well-child exam	Various for birth to 2 years; then annual to age 21	Tetanus, diphtheria, pertussis (Td/Tdap)	11-12 years; Td booster every 10 years, 18 and older
Well-person exam (annual physical)	1/plan year	Varicella (Chickenpox)	12-15 months; 4-6 years; 2 doses for susceptible adults
		Zoster (shingles)	1 dose for age 19 and older

## The best care starts with you: Things to know before you go

### BE A BETTER PATIENT

#### Before you go:

- Grab a notepad and pen.
- List and describe symptoms:
  - What? I get a sharp/dull/throbbing pain...
  - Where? In my stomach/knee/neck...
  - When? When I cough/walk...
  - How often? Once in a while/constant...
- List any prescription or over-the-counter drugs, vitamins and supplements you take.
- Ask a friend or family member to go with you.

### GET ALL THE FACTS

#### Know what to ask

1. How will this treatment help me?
2. Are there simpler alternatives?
3. What is this test for?
4. When will I get the results?
5. How many times have you done this procedure?
6. What are the possible complications?
7. What does this drug do? Any side effects?
8. Is this drug offered as a generic or over-the-counter?
9. Will this interact with other medications/supplements I take?

### WORK WITH YOUR DOCTOR

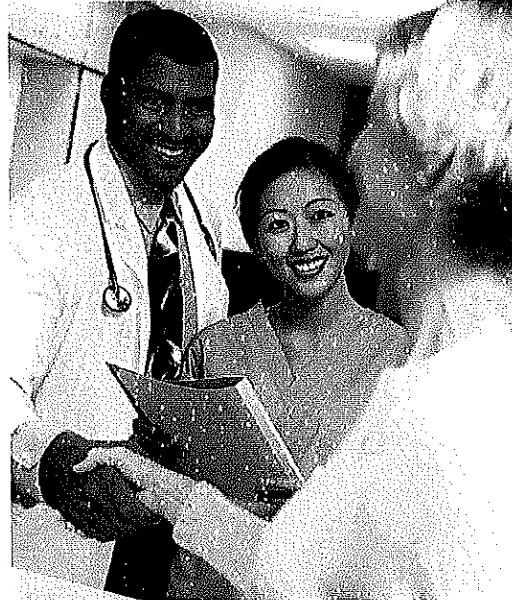
#### Ask • Listen • Learn

- Ask your doctor:
  - "What's causing this?"
  - "What's next?"
    - Medication?
    - Referrals/tests?
    - Cost?
    - Self-care at home/rehab?
  - "What will this do for me?"
- Listen and take notes.
- Learn by following up.

### HELP IS AT YOUR FINGERTIPS

Remember to check your insurance carrier's website for no-cost tools available to help you in your decision-making process.

*Source: Health Action Council*



## Stay connected 24/7 with these apps

Download the following apps from the Apple Store or Google Play:



Aetna



Anthem



Medical Mutual of Ohio



OptumRx (Prescription Drug)



Optum: myLiveandworkwell  
(Behavioral Health)



Delta Dental



EyeMed Vision Care



WageWorks

# Prescription Drug

OptumRx provides prescription drug benefits for State of Ohio employees and their dependents who are enrolled in the Ohio Med PPO Plan.

## COST

Access to the prescription drug benefits are included in the total contributions of your medical coverage. Your copayments will be assessed as outlined on Page 19.

## ELIGIBILITY

Employees and dependents enrolled in the Ohio Med PPO Plan automatically receive prescription drug benefits.

## SPECIFIC BENEFIT INFORMATION

### Diabetes Management Program

Members are eligible for free diabetic supplies and medication if they have had a hemoglobin A1C test within the past 12 months of being a member of the Ohio Med PPO Plan.

### Specialty Drug Management Program

Some specialized medications for serious medical conditions such as cancer, cystic fibrosis and rheumatoid arthritis must be obtained from Briova, the specialty pharmacy, and can only be filled for 30 days or less. Your order may be shipped to your home or workplace, if permitted. A description of the program and a list of specialty medications are available on the Benefits Administration website at [das.ohio.gov/prescriptiondrug](http://das.ohio.gov/prescriptiondrug) under the Specialty Drug List.

## Not All Drugs are Covered

Some drugs require the use of alternative medications before being approved.

This is known as "step therapy." Examples include medications used for heartburn, glaucoma, multiple sclerosis, diabetes, asthma, elevated triglycerides, migraines, osteoporosis, nasal allergies, sleep disturbances and high blood pressure. Additional medications requiring step therapy may be added at any time. If this occurs, members currently using the affected drugs will be notified in advance by mail.

A program description and a list of medications are located on the Benefits Administration website, [das.ohio.gov/prescriptiondrug](http://das.ohio.gov/prescriptiondrug), under "Prescription Drug Updates."

## Prescription Drug Website Offers Online Tracking, Tools

The website for OptumRx, [optumrx.com](http://optumrx.com), is a private, secure website. All of your pharmacy plan information is available at your fingertips 24/7.

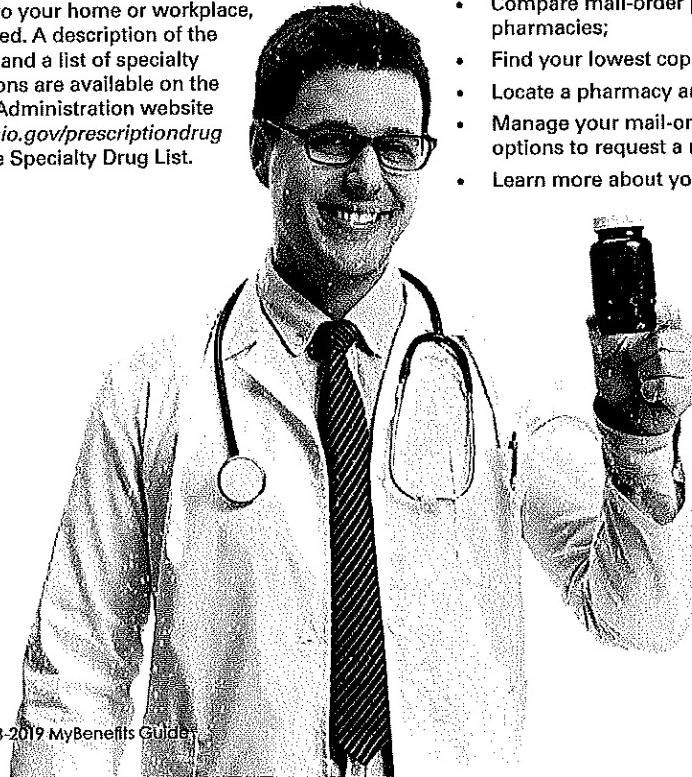
You will need your pharmacy member ID number located on your OptumRx card to log in. The number begins with the letter "A." For questions, contact OptumRx at 866-854-8850.

Easy access to the OptumRx website allows you to:

- Compare mail-order prices and prices at local pharmacies;
- Find your lowest copay;
- Locate a pharmacy and get driving directions;
- Manage your mail-order prescriptions, including options to request a refill or track an order; and
- Learn more about your prescription drugs.

## ENROLLMENT

You automatically gain coverage in prescription drug benefits when you are enrolled in medical coverage.



<b>Prescription Copayment Costs</b>				
<b>TYPE OF MEDICATION</b>	<b>30-Day Supply at Retail Copayment</b>	<b>30-Day Supply Specialty Copayment</b>	<b>90-Day Supply at Retail Copayment</b>	<b>90-Day Supply at Mail-Order Copayment</b>
<b>Generic</b>	\$10	\$10	\$30	\$25
<b>Preferred Brand-Name</b>	\$30	\$30	\$90	\$75
<b>Non-Preferred Brand-Name, Generic Unavailable</b>	\$55	\$55	\$165	\$137.50
<b>Non-Preferred Brand-Name, Generic Available</b>	\$55 plus the difference between the cost of the brand-name and generic drug	\$55 plus the difference between the cost of the brand-name and generic drug	\$165 plus the difference between the cost of the brand-name and generic drug	\$137.50 plus the difference between the cost of the brand-name and generic drug
<b>Out-of-Pocket Maximum*</b>	\$2,500 single/\$5,000 family These amounts are for copays only and do not include cost differential amounts.			
<p>The amount charged to the individual for generic, preferred brand and non-preferred brand medications will not be greater than the actual cost of the medication. Therefore, the amount charged may be less than the flat-dollar copay.</p> <p>The maximum copay for oral oncology medications will be \$100 for a 30-day supply. For more details, visit <a href="http://das.ohio.gov/prescriptionondrug">das.ohio.gov/prescriptionondrug</a>.</p> <p>* Pharmacy copays do not apply toward medical/behavioral health plan deductibles and the annual out-of-pocket maximum.</p>				



# Behavioral Health

Specialized behavioral health and substance use services are provided under a single program available to all employees and dependents enrolled in the Ohio Med PPO Plan.

## COST

Access to the behavioral health benefits are included in the total contributions of your medical coverage. Your out-of-pocket costs will be assessed as outlined in the chart below.

## ELIGIBILITY

Employees and dependents enrolled in the Ohio Med PPO Plan automatically receive Behavioral Health benefits.

## SPECIFIC BENEFIT INFORMATION

This program, administered by Optum Behavioral Solutions, provides 24-hours-a-day, seven-days-a-week, confidential phone assessment and referral services for a variety of behavioral and mental health issues, such as:

- Substance use disorders;
- Depression;
- Autism Spectrum Disorder;
- Marital, family and relational issues;
- Grief and loss;
- Stress;
- Serious mental illness;
- Anger management;
- Mental disorders; and
- Physical abuse.

The following Autism Spectrum Disorder services are available to members with a related medical diagnosis:

1. Behavioral and mental health outpatient services performed by a psychologist, psychiatrist, physician or board-certified behavior analyst who is a licensed, qualified and approved provider for consultation/assessment, development or oversight of treatment plans.
  - A. Applied behavioral analysis (ABA) services are limited to 20 hours per week, including services provided for a consultation or assessment, or development or oversight of ABA treatment plans.
  - B. Applied behavioral analysis services must be pre-certified. Treatment that is not pre-certified may result in no coverage.
  - C. An hour is defined as each hour billed by the provider. For example, if two specialists are providing service for one hour, it would be calculated as two hours.
2. Clinical Therapeutic Intervention administered by or under the supervision of a qualified/approved provider, in accordance with an approved applied behavioral analysis treatment plan, limited to 20 hours per week.

Your out-of-pocket costs, such as copayments, deductibles and co-insurance, are shared and combined with your medical plan. If you receive services prior to meeting your deductible, you may

Ohio Med PPO	
<b>Out-of-Pocket Costs</b>	
<b>Annual Deductible</b>	\$250 single, \$500 family in-network; \$500 single, \$1,000 family out-of-network. This deductible is combined with medical.
<b>Your Copayments</b>	\$20 outpatient office visit in-network, \$30 outpatient office visit out-of-network (balance billing applies); \$20 intensive outpatient care in-network, \$30 intensive outpatient care out-of-network (balance billing applies).
<b>Coinsurance</b>	<ul style="list-style-type: none"><li>• Outpatient in-network: 100% after office visit copay, 80% of other services;</li><li>• Outpatient out-of-network: 60% of fee schedule after copayment (balance billing applies);</li><li>• Inpatient in-network: 80% after deductible;</li><li>• Inpatient out-of-network: 60% after deductible, \$350 penalty if not preauthorized.</li></ul>
<b>Your Out-of-Pocket Maximum</b>	\$1,500 single in-network, \$3,000 family in-network; \$3,000 single out-of-network, \$6,000 family out-of-network. This deductible is combined with medical.
<b>Other</b>	No day, annual or lifetime limits. Some benefit limits may apply. For details, visit <a href="http://das.ohio.gov/behavioralhealth">das.ohio.gov/behavioralhealth</a> , click the Summary Plan Descriptions tab and select the current summary plan.

need to pay for these services up to the deductible amount before your plan starts paying. This does not apply to routine office visits for which you only pay an office visit copayment.

All enrolled employees and their dependents have access to both in-network and out-of-network behavioral health benefits. However, you will pay more if you do not use the network of participating providers and facilities. See the Ohio Med PPO chart on Page 20 for coverage information.

#### **Support for dependents battling substance use**

The state's health plan offers Optum's Family Support Program to help care for a dependent up to age 26 who has a substance use problem. The Family Support Program gives you confidential phone access to licensed mental health clinicians with in-depth knowledge of alcohol or drug addictions and treatment. The program is available at no additional cost.

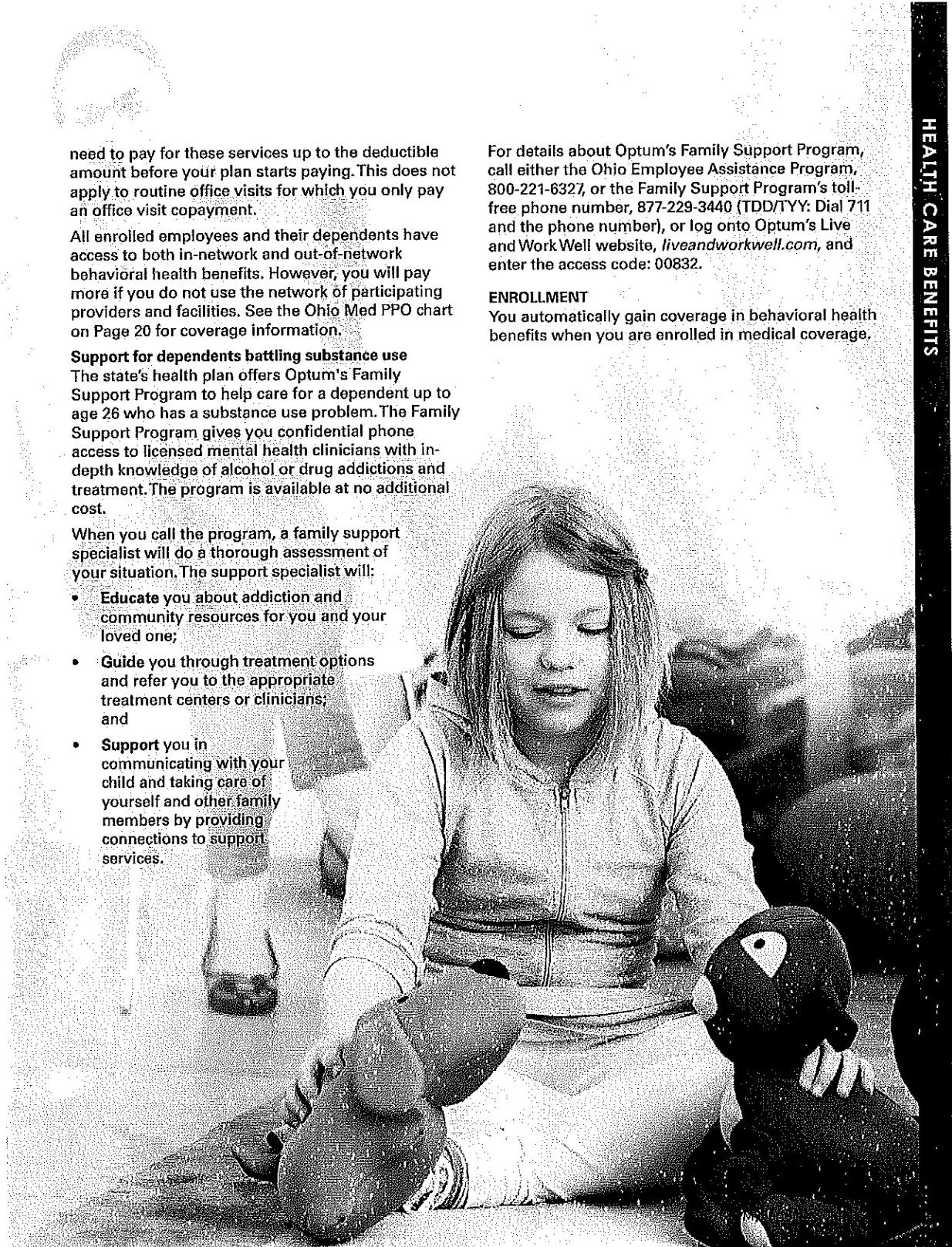
When you call the program, a family support specialist will do a thorough assessment of your situation. The support specialist will:

- Educate you about addiction and community resources for you and your loved one;
- Guide you through treatment options and refer you to the appropriate treatment centers or clinicians; and
- Support you in communicating with your child and taking care of yourself and other family members by providing connections to support services.

For details about Optum's Family Support Program, call either the Ohio Employee Assistance Program, 800-221-6327, or the Family Support Program's toll-free phone number, 877-229-3440 (TDD/TYY: Dial 711 and the phone number), or log onto Optum's Live and Work Well website, [liveandworkwell.com](http://liveandworkwell.com), and enter the access code: 00832.

#### **ENROLLMENT**

You automatically gain coverage in behavioral health benefits when you are enrolled in medical coverage.



# Ohio Employee Assistance Program

## COST

As a State of Ohio employee, there is no cost to you for the Ohio Employee Assistance Program (OEAP). Each state agency pays a percentage of its payroll into this benefit.

## ELIGIBILITY

All State of Ohio employees and their dependents are eligible to utilize OEAP services. You do not need to be enrolled in the Ohio Med PPO for these services.

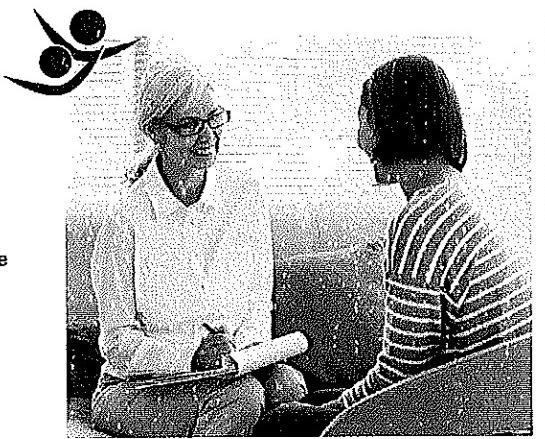
## SPECIFIC BENEFIT INFORMATION

The State of Ohio offers confidential support services through the OEAP for various behavioral health issues, which include mental health and substance use referrals for employees and their dependents. Other OEAP services include training and education, critical incident stress management, employee mediation, organizational transition intervention and the OEAP participation agreement for those experiencing workplace discipline due to work rule violations.

Visit [ohio.gov/eap](http://ohio.gov/eap) for more information about OEAP services.

## ENROLLMENT

Employees and their dependents may use the OEAP's services at any time during their employment with the State of Ohio. There is no need to enroll.



# Caregiver Resources

Are you a caregiver  
for an adult loved one?

To learn about the resources available to you, visit:  
[das.ohio.gov/caregiver](http://das.ohio.gov/caregiver).

Get information about:

- Care for:
  - An aging adult;
  - An adult in need of assisted living or a nursing home;
  - A low income adult who needs health care coverage;
  - An adult with a disability;
  - An adult with a developmental disability;
  - A veteran; and
- Legal resources.

For support contact the Ohio Employee Assistance Program by email, [oeap@das.ohio.gov](mailto:oeap@das.ohio.gov), or by phone, 1-800-221-6327.



# Take Charge! Live Well!



As we grow increasingly busy, leading a healthy lifestyle can be more challenging. We have to work harder to manage what we eat, how often we exercise and how we manage stress.

In your effort to become a healthier you, *Take Charge! Live Well!* – the health and wellness program for state employees and spouses enrolled in the Ohio Med PPO Plan – is there for you with programs and other resources such as financial well-being, monthly well-being challenges and articles about health and wellness topics as well as rewards offered to encourage you in your efforts.

## COST

Access to the wellness benefits are included in the cost of your medical coverage.

## ELIGIBILITY

Employees and spouses enrolled in the Ohio Med PPO Plan automatically receive *Take Charge! Live Well!* benefits.

## SPECIFIC BENEFIT INFORMATION

A healthier you starts with completing the following:

- Your Gallup-Sharecare Well-Being 5™ survey and Well-Being Plan, via Well-Being Connect, the website of Sharecare, the State of Ohio's wellness administrator; and
- A biometric screening, either at your workplace or through your physician.

## How to obtain your rewards:

1. Assess your well-being and earn up to \$150.
  - Earn \$100 for completing a biometric screening; and
  - Earn \$50 for completing the Gallup-Sharecare Well-Being 5 survey.
2. Participate in well-being improvement activities and earn up to \$200 more. Mix and match the programs as you choose to get the rewards the way you prefer, up to four activities.
  - Earn \$50 for each coaching call;
  - Earn \$50 for each well-being challenge when you meet the active participation requirement; or
  - Earn \$50 for each online lesson you complete for the Sharecare Financial Well-Being™ program, powered by Dave Ramsey.

## Choose Your Own Reward

After completing an activity that merits a reward, you may choose a PNC VISA reward card or a reward card from other national brands.

You can request to receive your reward card after completing a single activity, like your biometric screening or Well-Being 5 survey, or you can allow your rewards to accumulate for a larger payout after completing multiple activities. This puts you in control of when you receive your reward card.

## ENROLLMENT

You automatically gain access to the health and wellness program when you are enrolled in medical coverage.

Wellness Rewards	
Enrolled employees and spouses may earn up to \$350 each by taking steps to improve their health.	
Level 1: Assess Your Health	Point Value
Earn up to \$150 per person in Level 1	
Complete your Well-Being 5 survey.	60 Points
Biometric screening: • Complete an on-site screening; or • Submit the Physician Form, which is to be completed by your physician.	100 Points
Level 2: Take Action	Point Value
Earn up to \$200 in Level 2	
Points can be earned by completing up to four total actions within the same activity or by combining actions with multiple activities.	
Coaching Calls	Earn 50 points for each completed coaching call, up to four calls
Well-Being Challenges	Earn 50 points for each completed challenge, up to four challenges
Financial Well-Being	Earn 50 points for each completed Financial Well-Being lesson, up to four lessons
Reward cards are taxable compensation. Taxes are based on the amount of your reward and will be deducted from your paycheck.	
For details about rewards and the <i>Take Charge! Live Well!</i> program, go to the <i>Take Charge! Live Well!</i> program website, <a href="http://ohio.gov/tclw">ohio.gov/tclw</a> , and click on the Program Guide button.	

# Dental

(FOR EXEMPT EMPLOYEES)

Dental coverage is offered to exempt employees through Delta Dental of Ohio.

## COST

The state pays the total contributions for exempt full-time and part-time permanent employees and their eligible dependents. See the chart below.

Monthly Contributions for Dental Coverage			
	Employee Share	State Share	Total
Single	\$0	\$34.23	\$34.23
Family	\$0	\$99.19	\$99.19

## ELIGIBILITY

### Employee Eligibility

Exempt full-time and part-time permanent employees are eligible to enroll in dental coverage effective the first day of the month following the completion of one year of continuous state service or thereafter during Open Enrollment.

### Dependent Eligibility

#### 1. Spouse

Your current legal spouse as recognized by Ohio law.

#### 2. Children younger than age 19 including:

- Your unmarried biological children;
- Your legally adopted children. Adopted children have the same coverage as children born to you or your spouse, whether or not the adoption has been finalized. Coverage begins upon placement/custody for adoption;
- Your stepchildren;
- Non-emancipated foster children. Emancipation is defined as the age of 18 unless specifically stated in the court order;
- Non-emancipated children for whom either you or your spouse has been appointed legal guardian; and
- Children for whom the plan has received a Qualified Medical Child Support order. The child must be named as your alternate recipient in the order.

#### 3. Children between the ages of 19 and 23 with approved student status

Dependents between the ages of 19 and 23 are eligible for continued coverage as long as they maintain their student status. Student coverage is not automatic. To initiate or continue coverage for your dependent, you are required to submit proof of eligibility within 31 days of the change in status/qualifying event.

Student status required documents:

- An "Affidavit of Student Status" form, accessed at [das.ohio.gov/forms](http://das.ohio.gov/forms) in the "Eligibility" section; and
- A "Current Enrollment Verification Certificate" from the National Student Clearinghouse, [studentclearinghouse.org](http://studentclearinghouse.org), or a letter or official transcript from the school registrar must be submitted with the Affidavit of Student Status.

If the proof of eligibility is provided timely, the dependent will remain on your dental coverage until he or she turns 23 or experiences a change in status/qualifying event, such as graduating from college or getting married.

#### 4. Unmarried children incapable of self-care

Unmarried children who are incapable of self-support due to a qualifying developmental disability, severe mental illness or physical handicap, whose disability began before age 23 and who are primarily dependent upon you are eligible for medical coverage. When there is an unsuccessful attempt at independent living, a child covered pursuant to this provision may be re-enrolled for coverage, provided that the application is submitted within five years following loss of coverage.

This coverage is not automatic. You must complete the applicable form for your third-party administrator of the Ohio Med PPO. A form for each third-party administrator can be obtained from your agency's human resources representative.

Periodically, but not more than once a year, proof of continued incapacity and dependence must be provided upon request.

View detailed eligibility and documentation requirements at: [das.ohio.gov/eligibilityrequirements](http://das.ohio.gov/eligibilityrequirements).

**SPECIFIC BENEFIT INFORMATION**

For plan specifics and deductible information, see the Delta Dental Plan for Exempt Employees chart below.

You can receive services from any licensed dentist, but typically will pay less when you go to an in-network dentist.

Out-of-pocket costs are likely to be lower if you go to a dentist who participates in one of the Delta Dental networks. For most covered services, Delta Dental will pay a higher percentage if you go to a dentist in its preferred provider organization (PPO) network over its Premier network. Delta pays the least for out-of-network dentists.

To find a participating Delta Dental dentist near you, visit or call:

*deltadentaloh.com*  
800-524-0149  
Group Number: 9273-0001

If you would like a Delta Dental ID card to present to your dentist, you may print a card from the Delta Dental website, *deltadentaloh.com*. ID cards are not required when using the dental benefit.

**ENROLLMENT**

An enrollment packet will be mailed to you prior to your one-year anniversary. Coverage will be effective the first day of the month following the completion of one year of continuous state service, as long as you have submitted your enrollment within 31 days of your anniversary date. See the Benefits Enrollment Instructions on Page 7.

**Delta Dental Plan for Exempt Employees**

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating Dentist**
<b>Benefit Year* Maximum</b>	\$1,500	\$1,500	\$1,500
<b>Diagnostic and Preventive Services</b>	100%	100%	100%
<b>Basic Restorative Services (e.g., fillings)</b>	100%	65%	65%
<b>Major Restorative Services (e.g., crowns, bridges)</b>	60%	50%	50%
<b>Orthodontia</b>	50% up to \$1,500 lifetime maximum	50% up to \$1,500 lifetime maximum	50% up to \$1,500 lifetime maximum

Prophylaxes (cleanings) are payable twice per benefit year. Two additional periodontal maintenance procedures are payable per benefit year for individuals with a documented history of periodontal disease.

Deductible – \$25 deductible per person total per benefit year. The deductible does not apply to diagnostic and preventive services, emergency palliative treatment, X-rays, periodontal maintenance (cleaning) and orthodontic services.

There is a separate \$1,000 per person total per lifetime maximum on implants and surgical stents.

\* The benefit year is from July 1 through June 30 of each year.

\*\* Delta Dental will pay up to the allowed amount or the maximum allowable charge for providers in your area. You can be balance billed by nonparticipating providers for any amount that exceeds the allowable amount. Network providers cannot balance bill you for the difference between their charge and Delta Dental's allowed amount.

# Vision (FOR EXEMPT EMPLOYEES)

Vision coverage is offered to exempt employees through EyeMed Vision Care.

## COST

The state pays the total contributions for exempt full-time and part-time permanent employees and their eligible dependents. See the chart below.

Monthly Contributions for Vision Coverage			
	Employee Share	State Share	Total
Single	\$0	\$10.04	\$10.04
Family	\$0	\$27.61	\$27.61

## ELIGIBILITY

### Employee Eligibility

Exempt full-time and part-time permanent employees are eligible to enroll in vision coverage effective the first day of the month following the completion of one year of continuous state service or thereafter during Open Enrollment.

### Dependent Eligibility

#### 1. Spouse

- Your current legal spouse as recognized by Ohio law.

#### 2. Children younger than age 19 including:

- Your unmarried biological children;
- Your legally adopted children. Adopted children have the same coverage as children born to you or your spouse, whether or not the adoption has been finalized. Coverage begins upon placement/custody for adoption;
- Your stepchildren;
- Non-emancipated foster children. Emancipation is defined as the age of 18 unless specifically stated in the court order;
- Non-emancipated children for whom either you or your spouse has been appointed legal guardian; and
- Children for whom the plan has received a Qualified Medical Child Support order. The child must be named as your alternate recipient in the order.

#### 3. Children between the ages of 19 and 23 with approved student status

Dependents between the ages of 19 and 23 are eligible for continued coverage as long as they maintain their student status. Student coverage is not automatic. To initiate or continue coverage for

## EyeMed Vision Care is your new vision third-party administrator

your dependent, you are required to submit proof of eligibility within 31 days of the change in status/qualifying event.

### Student status required documents:

- An "Affidavit of Student Status" form, accessed at [das.ohio.gov/forms](http://das.ohio.gov/forms) in the "Eligibility" section; and
- A "Current Enrollment Verification Certificate" from the National Student Clearinghouse, [studentclearinghouse.org](http://studentclearinghouse.org), or a letter or official transcript from the school registrar must be submitted with the Affidavit of Student Status.

If the proof of eligibility is provided timely, the dependent will remain on your vision coverage until he or she turns 23 or experiences a change in status/qualifying event, such as graduating from college or getting married.

#### 4. Unmarried children incapable of self-care

Unmarried children who are incapable of self-support due to a qualifying developmental disability, severe mental illness or physical handicap, whose disability began before age 23 and who are primarily dependent upon you are eligible for medical coverage. When there is an unsuccessful attempt at independent living, a child covered pursuant to this provision may be re-enrolled for coverage, provided that the application is submitted within five years following loss of coverage.

This coverage is not automatic. You must complete the applicable form for your third-party administrator of the Ohio Med PPO. A form for each third-party administrator can be obtained from your agency's human resources representative.

Periodically, but not more than once a year, proof of continued incapacity and dependence must be provided upon request.

View detailed eligibility and documentation requirements at: [das.ohio.gov/eligibilityrequirements](http://das.ohio.gov/eligibilityrequirements).

### SPECIFIC BENEFIT INFORMATION

For plan specifics, see the EyeMed Vision Care Plan for Exempt Employees chart above.

EyeMed Vision Care Plan for Exempt Employees		
Benefit Frequency (Based on last date of service)	In-Network	Out-of-Network
<b>Routine Exam/Frame/Lens Service</b>		
Exam	Once every 12 months	Once every 12 months
Dilation as necessary	\$10 co-pay \$0	Up to \$25
Refraction	\$0	
<b>Retinal Imaging</b>	Up to \$39	N/A
<b>Exam Options – Contact Lenses</b>		
Standard Fit and Follow-Up	Up to \$40 90% of retail price	N/A
Premium Fit and Follow-Up		
<b>Frames</b>	\$0 copay, plus 80% of balance over \$120	Up to \$18
<b>Standard Plastic Lenses</b>		
Single Vision	\$15 copay	Up to \$25
Bifocal	\$15 copay	Up to \$35
Trifocal	\$15 copay	Up to \$52
Lenticular	\$15 copay	Up to \$62
Standard Progressive	\$15 copay	Up to \$62
Premium Progressives (Tier 1-4)	\$15 copay	Up to \$62
<b>Standard Lens Options</b>		
UV coating	\$15	N/A
Tint (solid and gradient)	\$15	N/A
Standard scratch resistance	\$15	N/A
Standard polycarbonate	\$0	Up to \$0
Standard anti-reflective coating	\$45	N/A
Premium anti-reflective coating (Tier 1/2)	\$57/\$68	N/A
Premium anti-reflective coating (Tier 3)	80% of retail price	N/A
Polarized	80% of retail price	N/A
Photocromatic/Transitions Plastic	\$75	N/A
Other add-ons and services	80% of retail price	N/A
<b>Contact Lenses**</b>		
Conventional (Instead of lenses and frames)	\$0 copay, plus 85% of balance over \$125	Up to \$125
Disposable (Instead of lenses and frames)	\$0 copay, plus 100% of balance over \$125	Up to \$125
Medically necessary	\$0	Up to \$210
<b>LASIK or PRK from US Laser Network</b>	85% of retail price, or 95% of promotional price, whichever is less	N/A
<b>Low Vision</b>		
Supplemental Testing	Covered in full	Up to \$125 allowance
Low Vision Aids	25% copay up to \$1,000	25% copay up to \$1,000 allowance

\* You are responsible to pay the out-of-network provider in full at the time of service and then submit an out-of-network claim for reimbursement. You will be reimbursed up to the amount shown on the chart.

\*\* For prescription contact lenses for only one eye, the benefit will pay one-half of the amount payable for contact lenses for both eyes. Benefit allowances provide no remaining balance for future use within the same benefit frequency.

The EyeMed Insight network encompasses many providers. However, if you choose a non-network provider, out-of-network charges will apply.

To find the names of participating EyeMed vision providers near you, visit or call:

[eyemed.com](http://eyemed.com)  
888-838-4033 / Group Number: 1016475

Exempt employees newly enrolled in the EyeMed vision plan will receive a welcome packet with two EyeMed ID cards. The EyeMed ID cards also can be obtained from

the EyeMed website, [eyemed.com](http://eyemed.com), or mobile app. The ID cards are not required when using vision benefits.

#### ENROLLMENT

An enrollment packet will be mailed to you prior to your one-year anniversary. Coverage will be effective the first day of the month following the completion of one year of continuous state service, as long as you have submitted your enrollment within 31 days of your anniversary date. See the Benefits Enrollment Instructions on Page 7.

# ADDITIONAL BENEFITS



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## Basic and Supplemental Life Insurance (exempt employees)

Minnesota Life  
866-293-6047  
[lifebenefits.com](http://lifebenefits.com)

**Flexible Spending Accounts  
and Commuter Choice**  
WageWorks  
855-428-0446  
[wageworks.com](http://wageworks.com)

**Union Benefits Trust**  
614-508-2255 / 800-228-5088  
[benefitstrust.org](http://benefitstrust.org)

Forecasting future financial needs can be challenging. Whether you are attempting to assess retirement goals or to ensure that your family is provided for if the unexpected happens, we understand your financial security is an especially important consideration. The benefit programs available through the State of Ohio offer a variety of financial assistance and can be tailored to your specific needs.

All benefits are subject to limitations and restrictions. Visit [das.ohio.gov/benefits](http://das.ohio.gov/benefits) for more information about:

- Basic life insurance (exempt employees);
- Supplemental life insurance (exempt employees);
- Disability benefits;
- Workers' Compensation benefits;
- Flexible Spending Accounts (health care spending account and dependent care spending account); and
- Commuter Choice.



# Life Insurance (FOR EXEMPT EMPLOYEES)

## Basic Life Insurance

The State of Ohio provides basic life insurance coverage through Minnesota Life, including an occupational accidental death and dismemberment (OAD&D) benefit for work-related injuries.

### COST

The state pays the total contributions for this benefit that is equal to your annualized rate of pay rounded up to the next highest \$1,000. See the chart below.

Monthly Contributions per \$1,000 of Basic Life Insurance Coverage			
	Employee Share	State Share	Total
Basic Life	\$0	\$0.105	\$0.105
OAD&D	\$0	\$0.012	\$0.012

### ELIGIBILITY

#### Employees

Exempt full-time and part-time permanent employees, firefighters, judges and other elected officials serving fixed terms of office are offered basic life insurance following the completion of one year of continuous state service.

#### Dependents

Dependents are not eligible for exempt basic life insurance coverage.

### SPECIFIC BENEFIT INFORMATION

The IRS requires you to be taxed on the value of employer-paid group basic life insurance coverage exceeding \$50,000, known as "imputed income." This amount is based on the chart below and is reported to the IRS in Box 12 of your W-2 form. The imputed income bracket is based upon your age on the last day of your tax year and increases in five-year increments as you grow older. See the chart to the right.

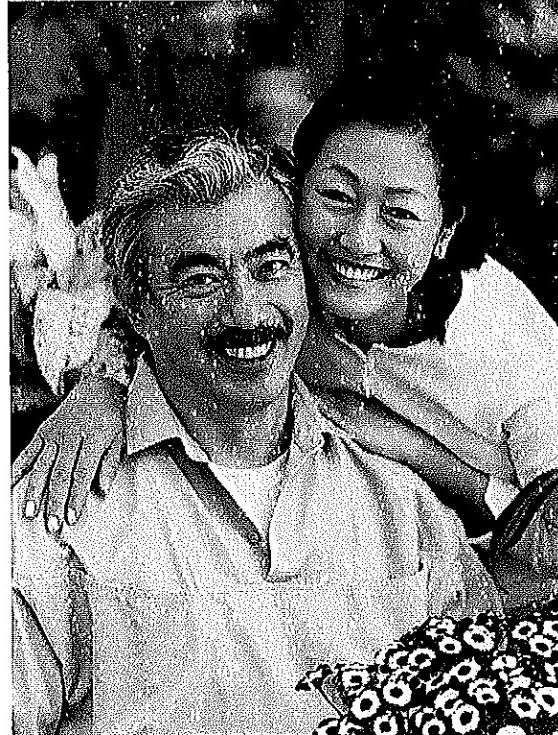
#### Beneficiary Elections

Your beneficiary elections will apply to both your basic and supplemental life insurance benefits.

You may designate one or more beneficiaries for your basic and supplemental life benefits by visiting the Minnesota Life website at [lifebenefits.com](http://lifebenefits.com). Alternatively, you may submit a beneficiary form by mail to Minnesota Life. This form is available in the Forms section of the Benefits Administration website available at [das.ohio.gov/forms](http://das.ohio.gov/forms).

### ENROLLMENT

Enrollment in basic life insurance is automatic.



IRS Basic Life Imputed Income Chart Monthly Cost per \$1,000 of Coverage In Excess of \$50,000	
Age	Cost
Younger than 25	\$0.05
25 through 29	\$0.06
30 through 34	\$0.08
35 through 39	\$0.09
40 through 44	\$0.10
45 through 49	\$0.15
50 through 54	\$0.23
55 through 59	\$0.43
60 through 64	\$0.66
65 through 69	\$1.27
70 and older	\$2.06

## **Supplemental Life Insurance (FOR EXEMPT EMPLOYEES)**

Exempt full-time and part-time permanent employees, firefighters, judges and other elected officials serving fixed terms of office are eligible to purchase supplemental life insurance coverage provided by Minnesota Life.

### **COST**

The coverage is entirely employee-paid; the state does not pay any contributions. Premiums depend on age and the amount of coverage purchased. If an employee or covered spouse experiences a change in an age bracket, the premium increase will be effective the following year (Jan. 1), regardless of the month or day of their birthday. See the chart on Page 31.

For 82 cents per month, you may purchase \$7,000 worth of supplemental life insurance coverage for your dependent children, regardless of how many children you cover.

### **ELIGIBILITY**

#### **Employees**

Exempt full-time and part-time permanent employees, firefighters, judges and other elected officials serving fixed terms of office are eligible for supplemental life insurance on their date of hire or promotion or thereafter during Open Enrollment.

#### **Dependents**

Spouses and eligible dependent children of exempt employees are eligible for exempt supplemental life insurance.

### **SPECIFIC BENEFIT INFORMATION**

#### **COVERAGE LEVELS**

#### **Employees**

##### **During Open Enrollment**

- You may purchase up to eight times your annualized earnings, rounded to the next higher \$10,000, not to exceed \$600,000.
- You must provide evidence of insurability if you request an amount of insurance over the nonmedical limit – the lesser of two times your annualized earnings or \$150,000.
- Coverage below the non-medical limit amount will be effective July 1, 2018.
- Coverage above the non-medical amount, which is subject to evidence of insurability (EOI), will be effective July 1, 2018 or the date EOI is approved by Minnesota Life (whichever is later). See Page 50 for plan contact information.

##### **When initially eligible**

- You may purchase up to eight times your annualized earnings, rounded to the next higher \$10,000, not to exceed \$600,000.

- You must provide evidence of insurability if you request an amount of insurance over the non-medical limit for new hires – the lesser of three times your annualized earnings or \$500,000.
- Coverage below the non-medical limit amount will be effective once it is processed by Minnesota Life.
- Coverage above the non-medical amount, which is subject to evidence of insurability, will be effective the first of the month after your evidence of insurability has been approved. See Page 50 for plan contact information.

### **Dependents**

#### **During Open Enrollment and initial eligibility**

To elect supplemental life insurance for your eligible dependents, you must be enrolled.

#### **1. Spouse**

- You may purchase coverage for your spouse in \$10,000 increments up to \$40,000. Spousal coverage in excess of \$10,000 requires your spouse to provide evidence of insurability.

#### **2. Children**

- You may purchase coverage for your eligible dependant children younger than age 26 up to \$7,000 for 82 cents per month, regardless of how many children you cover.

### **ENROLLMENT**

#### **Employees**

- Enroll within 90 days of being hired or promoted;
- Enroll during the annual Open Enrollment period; or
- Enroll within 31 days of a change in status/ qualifying event.

#### **Dependents**

- Enroll your eligible dependents within 90 days of being hired or promoted;
- Enroll during the annual Open Enrollment period; or
- Enroll within 31 days of a change in status/ qualifying event.

### **How to Enroll in Supplemental Life**

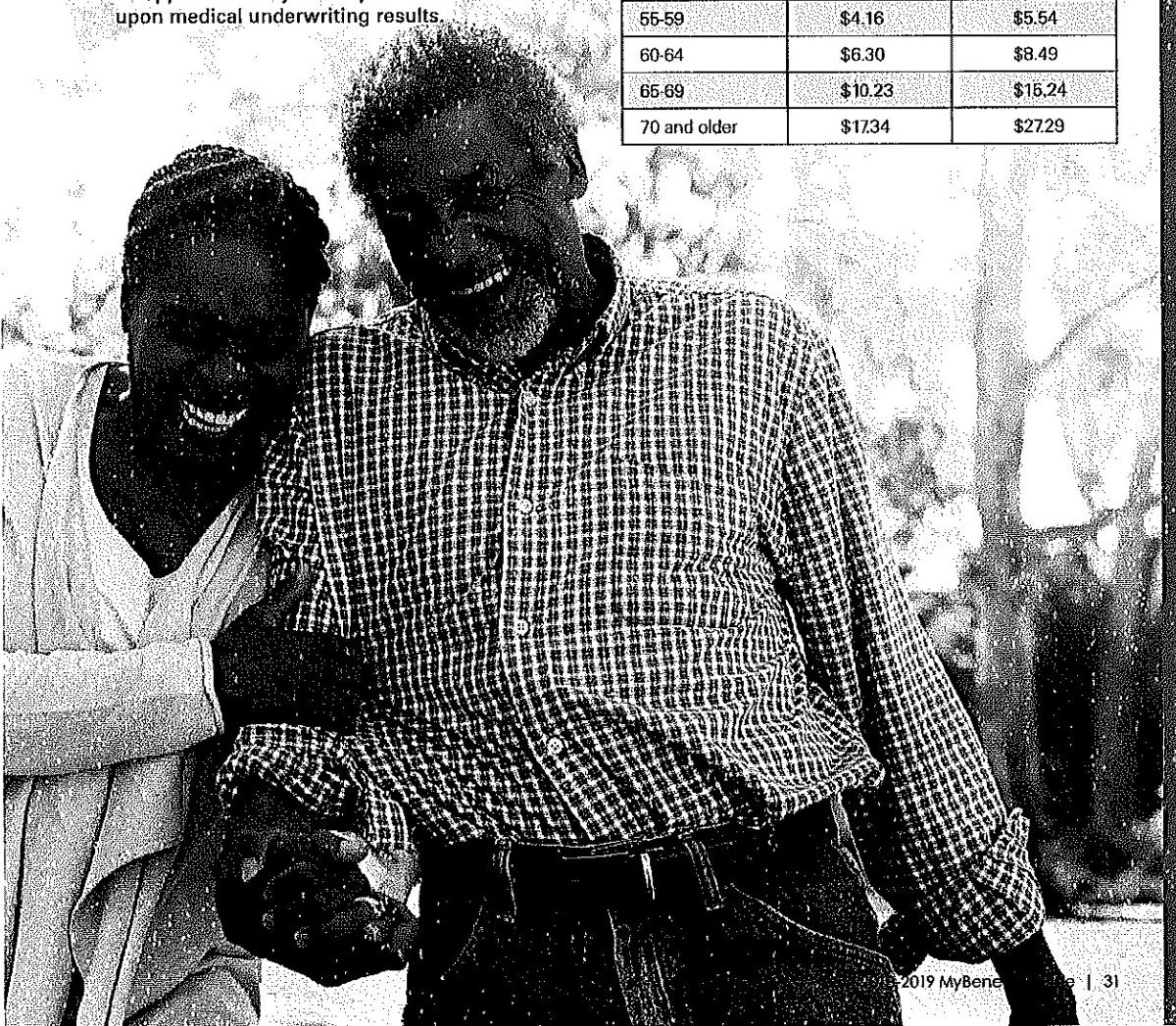
To enroll in supplemental life insurance, visit the Minnesota Life website at [lifebenefits.com](http://lifebenefits.com). For login instructions, see Page 50 under the Life Insurance section for exempt employees only. You also may obtain a supplemental life enrollment form on the Forms section of the Benefits Administration website at [das.ohio.gov/forms](http://das.ohio.gov/forms).

**Cancelling or Reducing Coverage**

- You may cancel or reduce your employee or eligible dependent supplemental life insurance coverage at any time by submitting a written request to Minnesota Life.
- You are responsible for dropping your dependent's coverage when your child reaches age 26.
- Coverage will be cancelled or reduced effective the first day of the month after your request is received and processed by Minnesota Life. Once coverage is cancelled or reduced for either yourself and/or your dependents, evidence of insurability will be required for any future enrollment for supplemental life insurance, including during Open Enrollment and qualifying events. You may be required to submit medical documentation and your coverage election may be approved or rejected by Minnesota Life based upon medical underwriting results.

For questions regarding supplemental life insurance, contact Minnesota Life and provide group number 34301. See the Contacts section on Page 50 for more information.

<b>Supplemental Life (Exempt Employee and Spouse)</b> Monthly per \$10,000 of coverage		
Age	Non-Smoker	Smoker
Younger than 25	\$0.49	\$0.64
25-29	\$0.49	\$0.64
30-34	\$0.60	\$0.64
35-39	\$0.68	\$0.95
40-44	\$1.08	\$1.45
45-49	\$1.67	\$2.42
50-54	\$2.59	\$3.73
55-59	\$4.16	\$5.54
60-64	\$6.30	\$8.49
65-69	\$10.23	\$15.24
70 and older	\$17.34	\$27.29



# Union Benefits Trust Open Enrollment

(FOR UNION-REPRESENTED EMPLOYEES)

MAY 21 THROUGH JUNE 1, 2018

For the benefit year from July 1, 2018 through  
June 30, 2019

The Union Benefits Trust (UBT) Open Enrollment Guide and forms for union-represented employees are available at [benefitstrust.org](http://benefitstrust.org) under FORMS & INFO.

As a union-represented State of Ohio employee, your benefits include:

- UBT Dental Plan, administered by Delta Dental of Ohio
- Choose from two vision plans, administered either by Vision Service Plan or EyeMed Vision Care
- Basic Life Insurance Plan, administered by Prudential Life Insurance
- Supplemental Life Plan, administered by Prudential Life Insurance
- Legal Services, administered by Hyatt Legal Services/MetLife
- Working Solutions: available to all, offered at no cost or enrollment required

## COVERAGE FOR THE 2018-2019 BENEFIT YEAR:

New Dental Wellness Program, see your guide or the UBT website for details

### Basic Life Insurance Plan:

- Look for your Benefits Summary from Prudential in August. It will show you your new Basic life coverage amount after the July 1 bargained wage increases; this also is a good time to review beneficiary information.

### Supplemental Life Plan:

- During Open Enrollment, you may purchase or increase your coverage by two times your basic annual earnings or \$150,000, whichever is less, without proof of good health, or up to eight times your basic annual earnings, or \$600,000 whichever is less, with proof of good health.
- Coverage for your legal spouse and eligible children also is available.
- Mail your form to Prudential at the address on the form. Do not submit to your human resources office.

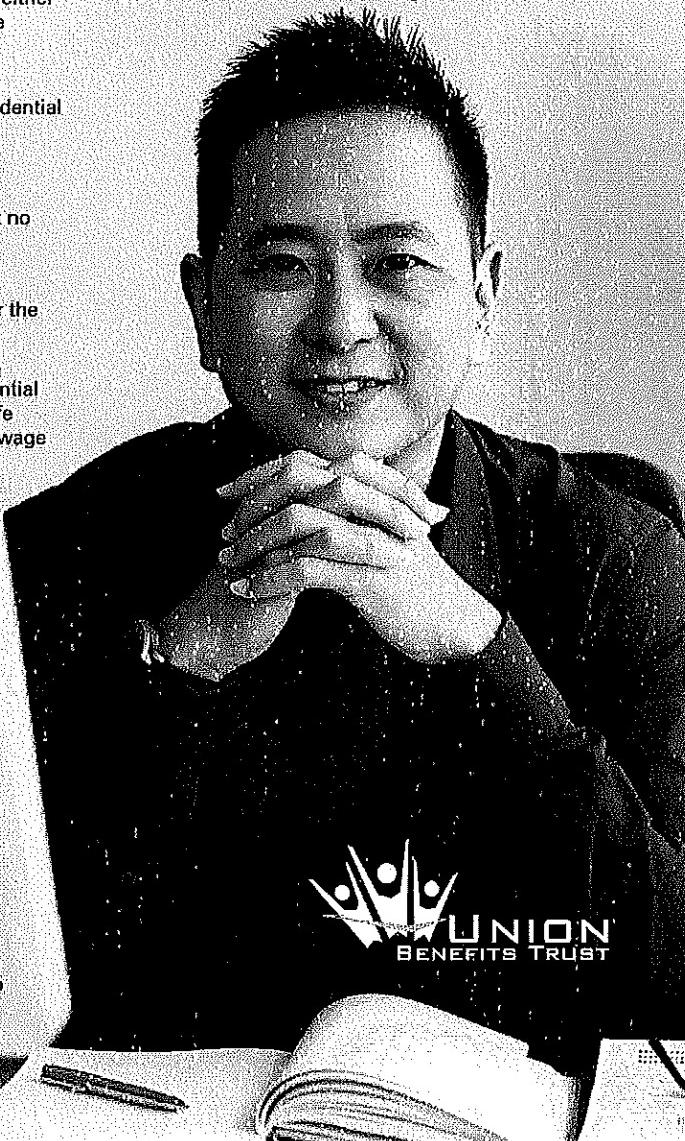
### Hyatt Legal Plan:

- Mail your form to Hyatt at the address on the form. Do not submit to your human resources office.
- If you are cancelling the plan, you may do so only during the Open Enrollment period.

In preparation for Open Enrollment, union-represented state employees will receive two mailings in early May:

- UBT Open Enrollment Guide
- Prudential Supplemental Life mailer

For questions, call Customer Service, 1-800-228-5088 or 1-614-508-2255, between 8 a.m. and 5 p.m., or email [customerservice@benefitstrust.org](mailto:customerservice@benefitstrust.org).



# Disability Benefits

The State of Ohio offers eligible employees disability leave benefits. These benefits provide financial assistance in the event that you are unable to perform the duties of your position due to a non-work-related disabling illness, injury or condition for a period of more than 14\* consecutive calendar days.

## COST

The state pays the total contribution for the disability leave benefit. This program is offered at no cost to the employee.

## ELIGIBILITY

Full-time permanent employees who have completed one year of continuous state service immediately prior to the date of the disabling condition are eligible.

Part-time permanent employees who have completed one year of continuous state service and have worked 1,500 or more hours within the 12 calendar months immediately preceding the date of the disabling condition also are eligible.

## SPECIFIC BENEFIT INFORMATION

### Covered Conditions

The following disabling illnesses, injuries or conditions may be considered for disability leave benefits:

- Non-work-related injury or illness;
- Mental health conditions treated by a licensed mental health provider; and/or
- Substance use conditions (an employee must be receiving ongoing treatment which prevents the employee from working).

### Conditions that may not be Covered

Disability benefits may not be payable for the following:

- Work-related injury;
- Attempted suicide or a self-inflicted injury;
- Any illness or injury resulting from an act of war, declared or undeclared;
- Any illness or injury resulting from participation in a riot or insurrection;
- Untreated drug addiction or alcoholism;
- Any illness or injury incurred during the act of committing a felony;
- An illness occurring during the time an employee is under investigation for possible disciplinary action by their agency; or
- Any illness occurring after separation from state service.



### Payment While on Disability Leave

Disability benefits are paid at 67 percent of the employee's base rate of pay, subject to a lifetime maximum of 12 months of eligibility\* for the majority of state employees (whether the employee files a new, subsequent-related or subsequent-unrelated claim). The employer's and employee's share of the health, life and other insurance benefits will be paid by the employer during the period the employee is pending or receiving disability leave benefits. However, the employee is responsible for paying his or her portion of retirement contributions.

### Disability Benefits may be Denied

- If you engage in any occupation for wage or profit;
- If you engage in an act of fraud or misrepresentation involving your disability claim;
- If you do not consult a licensed practitioner for necessary medical care;
- If you do not follow your prescribed treatment for your disabling condition;
- If you fail to notify the appointing authority of a change of address;
- If you are convicted of a felony; or
- If you have a mental health condition treated by a general practitioner or primary care physician.

For details, go to the Disability Coverage web page at [das.ohio.gov/disability](http://das.ohio.gov/disability).

### ENROLLMENT

Enrollment is automatic for eligible employees who have completed one year of continuous state service.

\* Employees of the Auditor of State, Ohio Attorney General, Secretary of State and Treasurer of State subject to a collective bargaining agreement should refer to their applicable agreement.

# Workers' Compensation

Workers' compensation is a "no-fault" system that compensates employees for work-related injuries or illnesses.

## COST

State agency contributions are determined by the Ohio Bureau of Workers' Compensation (BWC) per \$100 of payroll for benefits offered by the BWC.

## ELIGIBILITY

All state employees are eligible for benefits offered by the BWC.

## SPECIFIC BENEFIT INFORMATION

### When an Injury Occurs

Obtain medical care promptly. If emergency treatment is required, go immediately to the nearest emergency facility. Otherwise, the Managed Care Organization\* can provide you with names of providers in your area.

Complete an Accident or Illness Report (Form ADM 4303). Your agency will forward the completed Form ADM 4303 to the Managed Care Organization, who will file the initial claim information with the BWC.

Your health care provider will forward all medical information regarding your claim to the Managed Care Organization who will contact you to gather additional information regarding your treatment, recovery and claim.

BWC will send you a letter assigning you a claim number. Retain and reference this number when contacting your agency, BWC, Managed Care Organization and your health care provider regarding your claim.

BWC will make an initial decision to approve or deny your claim and will notify you in writing.

### Medical-only Claims

You may be eligible for a medical-only claim if you are unable to work for seven calendar days or less. If approved, the Managed Care Organization will pay authorized treatments directly related to your claim.

### Lost Time Claims

If your attending physician determines that your injury or illness will prevent you from working for eight or more calendar days, you may be eligible to receive lost time benefits through the BWC. You and your attending physician will need to file a Request for Temporary Total Compensation (Form C-84). Your

physician also will need to complete the Physicians Report of Work Ability Form (Form MEDCO-14). These forms are available on BWC's website at [bwc.ohio.gov](http://bwc.ohio.gov).

If approved, BWC will begin paying temporary total benefits accordingly:

- On the eighth day, if you are off work from eight to 14 days; or
- From the first day, if you are off work for 14 or more consecutive days;

BWC will pay you directly by electronic deposit to your bank account.

You cannot receive payment from the BWC for the same period you receive payment from your agency for Sick Leave, Disability, Salary Continuation or Occupational Injury Leave benefits. If this occurs, you will be responsible for reimbursing your agency for the benefits you received.

### Temporary Total Compensation

If your claim is approved for lost time, you may receive temporary total compensation at 72 percent of your full weekly wages for up to 12 weeks.

If your injury or illness prevents you from working for more than 12 weeks, your temporary total compensation will be reduced to 66 2/3 percent of your average weekly wage.



\* Check with your agency human resources representative to obtain the name and contact number of the Managed Care Organization assigned to your agency.

## Employer-Provided Benefits Salary Continuation

This benefit provides the injured employee with 100 percent of his or her regular rate of pay in lieu of BWC temporary total compensation if an approved Workplace Injury Labor Management Approved Provider Committee (WILMAPC) provider is used within seven days of the injury and agency accident reporting guidelines are followed.

Bargaining unit employees should refer to their applicable collective bargaining agreement.

### COST

Participating state agencies pay the total contribution of this benefit through their budget process.

### ELIGIBILITY

Salary Continuation is available to full-time or part-time permanent employees.

The offices of the Auditor of State, Attorney General and Secretary of State do not participate in Salary Continuation. Also, employees covered by the Ohio State Troopers Association collective bargaining agreement are not eligible for Salary Continuation.

### SPECIFIC BENEFIT INFORMATION

- In order to receive Salary Continuation, you must use a provider approved by the WILMAPC within seven days of your injury. To locate an approved WILMAPC provider, go to [das.ohio.gov/wilmappc](http://das.ohio.gov/wilmappc) and click on the WILMAPC Approved Provider Panel link to search for a provider, or contact your human resources representative. If emergency treatment is required, go immediately to the nearest emergency facility and follow up with an approved WILMAPC provider within seven days of your injury to obtain benefits.
- Follow your agency's policy on reporting accidents and injuries. Failure to adhere to your agency accident reporting guidelines or policy when applying for Salary Continuation may result in denial of benefits.
- Complete an Accident or Illness Report (ADM 4303), located at [das.ohio.gov/forms](http://das.ohio.gov/forms).
- Benefits are limited to a maximum of 480 hours.
- Once Salary Continuation benefits are exhausted, you may be eligible to receive lost time benefits from BWC. You will need to file a Request for Temporary Total Compensation (Form C-84) and your physician must complete the Physician's Report of Work Ability (Form MEDCO-14).

- Bargaining unit and exempt employees may appeal a denied Salary Continuation decision by completing the Salary Continuation and Occupational Injury Leave Appeal Form located at [das.ohio.gov/forms](http://das.ohio.gov/forms). Instructions are located on the form.
- Appeals should be sent to the Ohio Department of Administrative Services' Office of Collective Bargaining within 20 days of the denial.
- Bargaining unit employees should refer to the appeal procedure in their collective bargaining agreement.
- For exempt employees, the decision by the Ohio Department of Administrative Services is final.
- Payments for Salary Continuation are included in your paycheck in accordance with state payroll processing timelines.

## Occupational Injury Leave

This benefit provides the injured employee with 100 percent of his or her regular rate of pay in lieu of workers' compensation temporary total benefits if an approved Workplace Injury Labor Management Approved Provider Committee (WILMAPC) provider is used within seven days of the injury and agency accident reporting guidelines are followed.

Bargaining unit employees should refer to their applicable collective bargaining agreement.

### COST

Participating state agencies pay the total contributions of this benefit through their budget process.



#### **ELIGIBILITY**

Occupational Injury Leave (OIL) is available to full-time or permanent part-time employees, who suffer a bodily injury in the line of duty inflicted by an inmate, client, patient, resident, youth or student, and is limited to specific agencies. You may contact your human resources representative or refer to your applicable collective bargaining agreement for specific information.

#### **SPECIFIC BENEFIT INFORMATION**

- In order to receive Occupational Injury Leave, you must use a provider approved by the WILMAPC within seven days of your injury. To locate an approved WILMAPC provider, go to [das.ohio.gov/wilmappc](http://das.ohio.gov/wilmappc) and click on the WILMAPC Approved Provider Panel link to search for a provider or, contact your agency human resources representative. If emergency treatment is required, go immediately to the nearest emergency facility and follow up with an approved WILMAPC provider within seven days of your injury to obtain benefits.
- Follow your agency's policy on reporting accidents and injuries. Failure to adhere to your agency accident reporting guidelines or policy when applying for Occupational Injury Leave may result in denial of benefits.
- Complete an Accident or Illness Report (ADM 4303), located at [das.ohio.gov/forms](http://das.ohio.gov/forms).
- Benefits are limited to a maximum number of hours determined by your bargaining unit. Non-bargaining unit employees have a maximum of 960 hours.
- Once Occupational Injury Leave benefits are exhausted, you may be eligible to receive lost time benefits from BWC. You will need to file a Request for Temporary Total Compensation (Form C-84) and your physician must complete the Physician's Report of Work Ability (Form MEDCO-14).
- Bargaining unit and exempt employees may appeal a denied Occupational Injury Leave decision by completing the Salary Continuation and Occupational Injury Leave Appeal Form located at [das.ohio.gov/forms](http://das.ohio.gov/forms). Instructions are located on the form.
- Appeals should be sent to the Ohio Department of Administrative Services' Office of Collective Bargaining within 20 days of the denial.
- Bargaining unit employees should refer to the appeal procedure in their applicable collective bargaining agreement.
- For exempt employees, the decision by the Ohio Department of Administrative Services is final.
- Payments for Occupational Injury Leave are included in your paycheck in accordance with state payroll processing timelines.

## **Disability Advancement**

Disability advancement is a monetary advancement of disability benefits that an injured worker can receive while awaiting BWC approval of his or her workers' compensation claim.

#### **COST**

State agencies pay the total contributions of this benefit through their budget process.

#### **ELIGIBILITY**

Disability advancement is only available to full-time and part-time permanent employees whose initial claim is denied by the BWC and are appealing the decision. If you do not intend to appeal, you may file for disability benefits within 20 days of the denial order.

#### **SPECIFIC BENEFIT INFORMATION**

- You may receive the disability advancement for a maximum of 12 weeks. If your workers' compensation claim is approved through the appeal process or by a settlement, you will be required to pay back all of the money that has been advanced, regardless of the amount received from BWC or the settlement.
- To file for disability advancement, complete the disability application and disability agreement. Submit the forms with your denial order to your human resources representative within 20 days of the denial notification.

These forms are located at [das.ohio.gov/forms](http://das.ohio.gov/forms).

## **Leave Buy Back**

Some bargaining unit employees have the option of buying back leave time that was used while waiting for a workers' compensation claim to be approved. See your applicable collective bargaining agreement to determine your eligibility.

#### **COST**

The state does not pay any contribution. The employee pays the total contribution of this benefit.

#### **ELIGIBILITY**

This benefit is only available to certain bargaining unit employees. Refer to your applicable collective bargaining agreement.

#### **SPECIFIC BENEFIT INFORMATION**

You may buy back leave time either with or without a BWC wage advancement agreement.

A wage advancement agreement is a contract between you and your employer that states the amount of leave time that you will buy back and is available at BWC's website at [bwc.ohio.gov](http://bwc.ohio.gov).

# Flexible Spending Accounts

Flexible Spending Accounts (FSA) are tax-favored accounts that provide the opportunity for eligible permanent employees to defer funds on a pre-tax basis to pay for eligible expenses throughout the calendar year.

## Health Care Spending Account

The health care spending account (HCSA), administered by WageWorks, is a tax-favored account that provides the opportunity to defer on a pre-tax basis a minimum of \$240 and up to a maximum of \$2,500 per calendar year into an account to pay for eligible medical expenses not paid by medical, vision or dental plans.

### COST

The State of Ohio pays the \$3.30 monthly administrative fee on behalf of participating employees.

### ELIGIBILITY

Permanent full-time or permanent part-time employees who have successfully completed their initial probationary period, if applicable, and have sufficient earnings to cover the election amount are eligible to participate.

### SPECIFIC BENEFIT INFORMATION

It is not necessary to be enrolled in the Ohio Med PPO Plan to participate in an HCSA. If your spouse also is a state employee, each of you may participate in an HCSA as separate individuals.

### Carry Over

HCSA participants who have more than \$50 and up to \$500 remaining in their account on Dec. 31 may carry over that amount to the next plan year. Any amount less than \$50 or more than \$500 will be subject to the IRS Forfeiture Rule.

### IRS Forfeiture Rules

Federal regulations provide certain forfeiture rules. For example, at the end of the month of your employment termination, any unspent HCSA or DCSA balance will be forfeited.

### Changes in Coverage

According to IRS regulations, a mid-year change can be made to the HCSA election if the employee experiences a change in status/qualifying event. However, the proposed change must be consistent with the type of change experienced. Contributions and benefit changes must be a result of the change in status/qualifying event. The time frame for notification is within 31 days of the change in status/

qualifying event and will take effect the first of the month following the receipt of the "Flexible Spending Account Change Form" and the supportive documentation. The form is available at [das.ohio.gov/forms](http://das.ohio.gov/forms).

### ENROLLMENT

- Enroll within 31 days of the hire date or change in status/qualifying event, if there is no probationary period; or
- Enroll within 31 days of successfully completing probation, if applicable.

Enrollment forms are located at [das.ohio.gov/forms](http://das.ohio.gov/forms).

If an employee does not enroll within the time frames, other opportunities to enroll are:

- During the annual Flexible Spending Accounts Open Enrollment period, held in the fall; or
- Following a change in status/qualifying event.

These benefits require annual enrollment.



## Dependent Care Spending Account

The dependent care spending account (DCSA), administered by WageWorks, is a tax-favored account that provides the opportunity to defer on a pre-tax basis a minimum of \$240 and up to a maximum of \$5,000 per calendar year (depending on tax filing status) into an account to pay for eligible child care, dependent care or eldercare expenses.

### COST

The State of Ohio pays the \$3.30 monthly administrative fee on behalf of participating employees.

### ELIGIBILITY

Permanent full-time or permanent part-time employees who have sufficient earnings to cover the election amount and a qualifying dependent(s). Spouses, regardless whether they are state employees, may participate in a DCSA as separate individuals but cannot exceed the \$5,000 IRS annual maximum per family.

### SPECIFIC BENEFIT INFORMATION

Federal regulations provide certain forfeiture rules. For example, at the end of the month of your employment termination, any unspent HCSA or DCSA balance will be forfeited.

### Changes in Coverage

According to IRS regulations, a mid-year change can be made to the DCSA election if the employee experiences a change in status/qualifying event. However, the proposed change must be consistent with the type of change experienced. Contributions and benefit changes must be a result of the change in status/qualifying event. The time frame for notification is within 31 days of the change in status/qualifying event and will take effect the first of the month following the receipt of the "Flexible Spending Account Change Form" and the supportive documentation. The form is available at [das.ohio.gov/forms](http://das.ohio.gov/forms).

### ENROLLMENT

Enroll within 31 days of the hire date or change in status/qualifying event. Enrollment forms are located at [das.ohio.gov/forms](http://das.ohio.gov/forms).

If an employee does not enroll within the time frames, other opportunities to enroll are:

- During the annual Flexible Spending Accounts Open Enrollment period held in the fall; or
- Following a change in status/qualifying event.

These benefits require annual enrollment.

For more detailed information about Flexible Spending Accounts, visit [das.ohio.gov/flexiblespendingaccount](http://das.ohio.gov/flexiblespendingaccount).

## Commuter Choice Program

The Commuter Choice Program, administered by WageWorks, covers two types of commuting expenses:

- Transportation expenses, which include qualified fares for riding buses, trains, subways, ferries and other types of mass transportation or van pools; and
- Parking expenses which include the cost of parking at or near your place of work or at or near a place from which you commute to work by mass transit, such as a park-and-ride lot.

### COST

The employee pays the monthly administrative fee for the Commuter Choice Program which is \$3.95 on an after-tax basis.

### ELIGIBILITY

All State of Ohio employees are eligible for participation in the Commuter Choice Program.

### SPECIFIC BENEFIT INFORMATION

When you enroll in Commuter Choice for eligible transportation expenses, you are authorizing the third-party administrator to purchase your public transportation fare passes (e.g., bus pass) and van pool passes, directly from your transportation provider. For more information, visit [das.ohio.gov/commuterchoiceprogram](http://das.ohio.gov/commuterchoiceprogram).

The 2018 IRS monthly allowable dollar limit for transit is \$260. When you enroll for the Commuter Choice transit benefit, the fare pass will be delivered directly to your mailing address.

The 2018 IRS monthly allowable dollar limit for parking is \$260. When you enroll for the Commuter Choice parking benefit, WageWorks will pay your parking service directly.

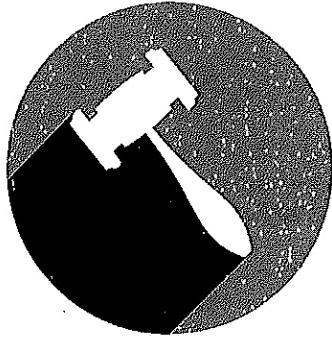
Should your parking and/or transit expenses exceed the IRS monthly allowable dollar limit, you may have additional dollars withheld on an after-tax basis to pay your expenses that exceed the IRS dollar limit.

### ENROLLMENT

Employees may enroll in the Commuter Choice Program at any time. There is no need to wait for Open Enrollment.

Enrollment must be made before the fifth of the month prior to the effective month (e.g., March 5 for the effective date of April 1).

Employees who wish to begin participating in the Commuter Choice Program may do so by accessing the WageWorks website at [wageworks.com](http://wageworks.com).



# LEGAL NOTICES

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LEGAL NOTICES

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**State of Ohio Employee Health Plans**  
**30 E. Broad St., 27th Floor, Columbus, Ohio 43215**

## NOTICE OF PRIVACY PRACTICES

**Effective April 1, 2018**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

### **PLEASE REVIEW IT CAREFULLY.**

This Notice of Privacy Practices describes the privacy practices of the State of Ohio's self-funded medical plans, prescription drug plan, behavioral health plan, population health management plan, dental plans, vision plans, flexible spending account (but not dependent care flexible spending account) which are administered by the State of Ohio, Department of Administrative Services, Office of Benefits Administration Services (collectively "the Plan"). The Plan is required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to maintain the privacy of Protected Health Information (PHI), and to provide individuals with notice of the legal duties and privacy practices with respect to protected health information and to abide by the terms of the notice currently in effect.

### **Position on Privacy**

The Plan is committed to maintaining the privacy of its enrolled persons. As part of your participation in the health plans, the Plan and its business associates (whom we use to administer and deliver health care services) receive health information through the operation and administration of the plans. PHI refers to any information, transmitted or maintained in any form or medium, which the Plan creates or receives that relates to your physical or mental health, the delivery of health care services to you or payment for health care services that identifies you or could reasonably be used to identify you. PHI and other Plan records are maintained in compliance with applicable state and federal laws.

If you have questions about this notice, please contact the Plan's HIPAA Privacy Contact listed on Page 41.

### **How the Plan May Use or Disclose Your Protected Health Information**

The Plan may only use or disclose your medical information as described in this notice. Not every authorized use or disclosure in each category is listed, however all permitted uses and disclosures fall into one of these general categories.

#### **1. Uses and Disclosures of Your PHI for Treatment, Payment, and Health Care Operations**

**For Treatment.** The Plan may make requests, uses, and disclosures of your PHI as necessary for treatment purposes. For example, the Plan may make disclosures to your health plan regarding eligibility, or make disclosures to health care professionals involved in your care.

**For Payment.** The Plan may make requests, uses, and disclosures of your PHI as necessary for payment purposes. For example, the Plan may use information regarding your medical procedures and treatment so the third party administrator can process and pay claims. The Plan may also disclose your PHI for the payment purposes of a health care provider or a health plan.

**For Health Care Operations Purposes.** The Plan may use and disclose your PHI as necessary for health care operations. For example, Health Care Operations include, but are not limited to, use and disclosures: by health plan of PHI to the Plan for administration of the health plans; for quality assessment of the plans through the distribution and analysis of satisfaction surveys; in connection with the performance of disease management functions; and for general administrative activities, including customer service, cost management, data management, communications, claims and operational audits, and legal services. In addition, a health plan may send you information based on your own health information to inform you of possible treatment options or alternatives that may be available to you. The Plan may also combine your health information with that of other enrolled persons to evaluate the coverage provided and the quality of care received.

## **2. Other Uses and Disclosures of PHI for Which Your Authorization Is Not Required**

In limited instances, the law allows the Plan to use and disclose your PHI without your authorization in the following situations:

- A. **As Required By Law.** The Plan may disclose your PHI when required by federal, state or local law.
- B. **Family and Individuals Involved In Your Care.** The Plan may disclose medical information about you to a family member or friend who is involved in your medical care. The Plan may request that your family members verify their identity and demonstrate they are acting on your behalf.
- C. **To Avert a Serious Threat to Health or Safety.** The Plan may disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public.
- D. **Public Health Activities.** The Plan may use and disclose medical information about you for public health activities including activities related to preventing and controlling disease or, when required by law, to notify public authorities concerning cases of abuse or neglect.
- E. **Victims of Abuse, Neglect, or Domestic Violence.** The Plan may disclose medical information to a government authority, including a social service or protective agency if the Plan reasonably believes you to be a victim of abuse, neglect, or domestic violence.
- F. **Health Oversight Activities.** The Plan may disclose medical information to a health oversight agency for oversight activities authorized by law, such as: overall health care system monitoring, monitoring the conduct of government programs, and monitoring to ensure compliance with civil rights laws.
- G. **Lawsuits/Legal Disputes.** The Plan may use and disclose medical information about you in the course of an administrative or judicial proceeding, such as in response to a subpoena, discovery request, warrant, or a lawful court order.
- H. **Law Enforcement Purposes.** The Plan may disclose medical information to law enforcement officials for law enforcement purposes including investigation of a crime or to identify or locate a suspect, fugitive, material witness or missing person.
- I. **Specialized Government Functions.** The Plan may disclose medical information to authorized federal officials for the purposes of intelligence, counterintelligence, and other national security activities authorized by law.
- J. **Military.** If you are a member of the armed forces, the Plan may disclose medical information about you as required by military command authorities.
- K. **Organ, Eye and Tissue Donation.** If you are an organ donor, the Plan may disclose information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- L. **Workers' Compensation.** The Plan may disclose medical information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- M. **Coroners, Medical Examiners, and Funeral Directors.** The Plan may disclose medical information to a coroner or medical examiner to, for example, identify a deceased person

or determine the cause of death. The Plan may also disclose medical information about patients to funeral directors as necessary to carry out their duties.

- N. **Business Associates.** The State contracts with parties who provide necessary services for the operation of its plans. For example, the Plan is assisted in its operations by third party administrators. These persons who assist the Plan are called business associates. At times, the Plan may use and disclose PHI so they can provide services. The Plan will require that any business associates who receive PHI safeguard the privacy of that information.
- O. **Disclosure to You.** The Plan may disclose your medical information to you.

## **3. Other Uses and Disclosures of PHI Requiring Your Written Authorization**

In all situations other than those described previously, the Plan will ask for your written authorization before using or disclosing your PHI. For example, (except as required or permitted by law), the Plan will not use or disclose psychotherapy notes or sell your medical information without obtaining your prior written authorization. If you have provided authorization, you may revoke it in writing at any time, unless the Plan has already disclosed the information.

### **4. Changes to Existing Laws**

Certain provisions of Ohio law may impose greater restrictions on uses and/or disclosures of PHI, or otherwise be more stringent than federal rules protecting the privacy of PHI. If such provisions of Ohio law apply to a use or disclosure of PHI or under other circumstances described in this notice, the Plan must comply with those provisions.

#### **Your Legal Rights**

Federal privacy regulations provide you the following rights associated with your medical information:

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information the Plan uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. (For example, you could ask that the Plan not disclose or use information about a certain medical treatment you received.)

**The Plan Is not required to agree to your request.** To request restrictions on the use or disclosure of your PHI, you must make your request in writing to the Plan's HIPAA Privacy Contact listed on Page 41. In your request, you must explain: (1) what PHI you want to limit; (2) whether you want to limit the Plan's use, disclosure, or both; and, (3) to whom you want the limits to apply (for example, your spouse).

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at a specific phone number or address. To request confidential communications, you must make your request in writing to the Plan's HIPAA Privacy Contact listed on Page 41. The Plan will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. After the Plan receives your request, the information may be forwarded to your health plan. As a result, additional reasonable information may be required from you by your plan to process the request.

**Right to Inspect and Copy Your Information.** You have the right, in most cases, to inspect and copy medical information that may be used to make decisions about your care. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Plan's HIPAA Privacy Contact listed on this page. If you request a copy of the information, the Plan may charge a fee for the costs of copying, mailing, or other unusual supplies associated with your request. Under Ohio and federal law, the Plan may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

**Right to Request an Amendment.** If you feel that medical information about you is incorrect or incomplete, you may ask the Plan to amend the information. You have the right to request an amendment for as long as the information is kept. To request an amendment, your request must be made in writing and submitted to the Plan's HIPAA Privacy Contact listed on this page. You must provide reasons that support your request. If the Plan denies your request for any reason under state or federal law, the Plan will permit you to submit a written statement of disagreement to be kept with your PHI. The Plan may reasonably limit the length of such statement of disagreement.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of certain disclosures the Plan has made of medical information about you. This accounting will not include many routine disclosures including, but not limited to, those made to you or pursuant to your authorization, those made for treatment, payment and operations purposes as discussed above, those made for national security and intelligence purposes, and those made to law enforcement in compliance with law.

To request this list or accounting of disclosures, you must submit your request in writing to the Plan's HIPAA Privacy Contact. Your request must state the time period that may not be longer than six (6) years prior to the date on which the accounting is requested. Your request should indicate in what form you want the list (paper or electronic). The first list you request within a 12-month period will be free. For additional lists, the Plan may charge you for the costs of providing the list. The Plan will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to a Paper Copy of this Notice.** You have the right to a paper copy of this notice even if you have received it electronically. You may make your request to the Plan's HIPAA Privacy Contact.

**Right to Breach Notification.** You have the right to notification if a breach of your unsecured PHI has occurred.

#### This Notice Is Subject To Change

The Plan reserves the right to change the terms of this notice and its privacy practices at any time. If such a change is made, the new terms and policies will be effective for all of the information that the Plan has about you as well as any information it may hold about you in the future, and will be posted at das.ohio.gov and may be provided by mail if required. If you want to ensure you have the latest version of this notice, you may contact the Plan's HIPAA Privacy Contact.

#### Whom to Contact

If you believe your privacy rights have been violated, you may file a complaint with the Plan's HIPAA Privacy Contact or with the Secretary of the Department of Health and Human Services.

To file a complaint with the Secretary of the U.S. Department of Health and Human Services, contact the

**Office of Civil Rights**  
U.S. Department of Health and Human Services  
233 N. Michigan Ave., Suite 240  
Chicago, IL 60601.

Complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint.

Questions regarding this Notice may be directed to the Plan's HIPAA Privacy Contact:

**DAS -- HIPAA Privacy Contact**  
Greg Pawlack  
30 E. Broad St., 27th Floor  
Columbus, Ohio 43215  
614-466-6205; email: [gregory.pawlack@das.ohio.gov](mailto:gregory.pawlack@das.ohio.gov)

#### NOTICE OF INITIAL COBRA RIGHTS

You are receiving this notice because you are covered under a group health plan (the "Plan") sponsored by your employer. It is intended to inform you, in a summary fashion, of your potential future options and obligations under the continuation coverage provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA"). Under COBRA, your employer is required to offer covered employees and covered family members the opportunity for a temporary extension of health coverage, called **continuation coverage**, at group rates when coverage under the Plan would otherwise end due to certain "Qualifying events." It is important that all covered individuals read this notice carefully and be familiar with its contents. This notice does not fully describe continuation coverage or other rights under the Plan. More complete information is available from your employer and in the Plan's Summary of Benefits and Coverage, Summary Plan Description and Plan Document.

Your employer is not required to offer COBRA (and this notice does not apply to you) if all employers maintaining the Plan normally employed fewer than 20 full-time employees on a typical business day during the preceding calendar year. If you are not eligible for COBRA, you may be eligible for state continuation coverage. Contact the Plan for more information.

You may have other options available to you when you lose group health coverage. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

#### Qualifying Events

If you are the covered employee, you may have the right to elect COBRA if you lose your group health coverage because of a termination of your employment (for reasons other than gross misconduct on your part) or a reduction in your hours of employment. If you are the covered spouse of an employee, you may have the right to elect continuation coverage for yourself if you lose group health coverage because of any of the following reasons: the death of your spouse; termination of your spouse's employment (for reasons other than gross misconduct) or reduction in your spouse's hours of employment; divorce from your spouse; or your spouse becomes entitled to Medicare. If

**you are the covered dependent child of an employee**, you may have the right to elect COBRA for yourself if you lose group health coverage because of any of the following reasons: the death of the employee; termination of the employee's employment (for reasons other than gross misconduct) or reduction in the employee's hours of employment; parents' divorce; the employee becomes entitled to Medicare; or you cease to be a dependent child under the terms of the health plan.

If the Plan provides retiree health coverage, filing a proceeding for reorganization under the Bankruptcy Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to your employer, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

If you are a reservist called to active duty and your employer does not voluntarily maintain coverage for the continuation coverage period, the employee, spouse and covered dependents may be eligible to continue coverage under the Uniformed Services Employment and Reemployment Rights Act (USERRA). Contact your employer for more information.

**Under the law, the employee, spouse, or other family member has the responsibility to notify the employer of a divorce, legal separation, or a child losing dependent status under the group health plan.** This notification must be made within 60 days from whichever date is later: the date of the event or the date on which health plan coverage would be lost under the terms of the insurance contract because of the event. Your employer has the responsibility to notify iTEDIUM, Inc. of the employee's death, termination, reduction in hours of employment or Medicare entitlement. **If this notification is not completed according to the above procedures within the required notification period, then rights to continuation coverage will be forfeited.**

Once iTEDIUM, Inc learns a qualifying event has occurred, it will then notify all qualified beneficiaries of their right to elect continuation coverage. Each qualified beneficiary has independent COBRA election rights and will have 60 days to elect continuation coverage. The 60 day election period is measured from the later of the date health plan coverage is lost due to the event or from the date of COBRA notification, unless the Plan provides an extension of the election period beyond that required by law. **If a qualified beneficiary does not elect continuation coverage within this election period, then rights to continue health insurance will end.**

#### **Length of Continuation Coverage**

**You have the right to continuation coverage for up to 18 months from the date of the qualifying event if the event causing the loss of coverage is a termination of employment (other than for reasons of gross misconduct) or a reduction in work hours.**

**The 18 months of continuation coverage can be extended for an additional 11 months of coverage, to a maximum of 29 months, for all qualified beneficiaries if:** the qualified beneficiary is deemed disabled (as determined by Title II or XVI of the Social Security Act), at any time during the first 60 days of COBRA continuation coverage; and the qualified beneficiary notifies iTEDIUM, Inc. within 60 days after the determination of disability is made by the Social Security Administration, and within the initial 18-month period of coverage. It is the qualified beneficiary's responsibility to obtain this disability determination from the Social

Security Administration and provide a copy of the determination to iTEDIUM, Inc. within 60 days after the date of determination and before the original 18 months expire. It is also the qualified beneficiary's responsibility to notify iTEDIUM, Inc within 30 days if a final determination has been made that they are no longer disabled.

**If you are the covered spouse or dependent child(ren) of an employee, an extension of the 18-month continuation period can occur if**, during the 18 months of continuation coverage, a second event takes place (divorce, death, Medicare entitlement, or a dependent child ceasing to be a dependent). If a second event occurs, then the original 18 months of continuation coverage can be extended to 36 months from the date of the original qualifying event date for the qualified beneficiary spouse and/or dependent children. If a second event occurs, it is the qualified beneficiary's responsibility to notify iTEDIUM, Inc in writing within 60 days of the second event and within the original 18 month continuation period. In no event, however, will continuation coverage last beyond three years from the date of the event that originally made the qualified beneficiary eligible for continuation coverage.

**If you are the covered spouse or dependent child(ren) of an employee, you have the right to continuation coverage for up to 36 months from the date of the qualifying event if the original event causing the loss of coverage was the death of the employee, divorce, Medicare entitlement, or a dependent child ceasing to be a dependent child under the Plan.**

Qualified beneficiaries do not have to show they are insurable to elect continuation coverage; however, they must have been actually covered by the Plan for at least one day prior to the qualifying event to be eligible for COBRA. Although a qualified beneficiary participating in COBRA has the same rights as an active participant to add dependents to the Plan, those additional dependents may not be qualified beneficiaries. An exception to this rule is if, while on continuation coverage, a baby is born to or adopted by an employee/former employee. Procedures and deadlines for adding these individuals can be found in your summary plan description and must be followed. Your employer reserves the right to verify COBRA eligibility status and terminate continuation coverage retroactively if you are determined to be ineligible or if there has been a material misrepresentation of the facts.

#### **COST OF CONTINUATION COVERAGE**

A qualified beneficiary will have to pay the entire applicable premium plus an administration charge for continuation coverage as allowed by law, currently 2% of the total premium. These premiums will be adjusted in the future if the applicable premium amount changes. In addition, if continuation coverage is extended from 18 months to 29 months due to a Social Security disability, your employer can charge up to 150% of the applicable premium during the extended coverage period. Premiums are due every month for continuation coverage. In addition there will be a maximum grace period of 30 days for the regularly scheduled monthly premiums.

#### **Termination of Continuation Coverage**

Continuation of coverage will end prior to the maximum period if:

- Your employer ceases to provide any group health plan to any of its employees;
- Any required premium for continuation coverage is not paid in a timely manner;
- A qualified beneficiary becomes covered under another group health plan that does not contain any exclusion or limitation with respect to any preexisting condition of such beneficiary other than such an exclusion or limitation which does not apply to or is

satisfied by such beneficiary by reason of the Health Insurance Portability and Accountability Act of 1996.

- A qualified beneficiary becomes entitled to Medicare after the qualifying event except when the qualifying event is loss of retiree coverage due to the employer's bankruptcy;
- A qualified beneficiary extended continuation coverage to 29 months due to a Social Security disability and a final determination has been made that the qualified beneficiary is no longer disabled;
- A qualified beneficiary notifies iTEDIUM, Inc. that they wish to cancel COBRA continuation coverage.
- A qualified beneficiary participates in activity which would otherwise allow the Plan to terminate an active employee's coverage (e.g. submission of a fraudulent claim).

It is important that you notify State of Ohio and iTEDIUM, Inc. of any address change or change in marital status as soon as possible. Failure on your part to do so will result in delayed COBRA notifications or a loss of continuation coverage options. You must also notify iTEDIUM, Inc within 30 days of other group health coverage, Medicare entitlement or the termination of your Social Security disability status. COBRA continuation coverage which is provided improperly due to your failure to provide notice does not bind the Plan to provide further coverage.

#### **For More Information**

For more information on general Plan terms contact State of Ohio. For more information about COBRA contact iTEDIUM, Inc. toll free at (877) 682-6272. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).

#### **SPECIAL ENROLLMENT RIGHTS PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

Federal law requires that group health plans allow certain employees and dependents special enrollment rights when they previously declined coverage and when they have new dependents. This law, the Health Insurance Portability and Accountability Act (HIPAA) also addresses the circumstances under which treatment for medical condition may be excluded from health plan coverage. The information in this notice is intended to inform you, in a summary fashion, of your rights and obligations under these laws. You, your spouse and any dependents should all take the time to read the entire notice carefully.

**Special Enrollments:** If you decline enrollment for yourself or your dependents (including your spouse) because of having other health insurance or group health plan coverage at the time of your eligibility to participate, you may enroll yourself or your dependents at a future point, provided that you request enrollment within 31 days after your other coverage ends. In addition, if you have a new dependent as a result of a marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 31 days of such an event.

**Obtaining Additional Information:** If you need assistance in determining your rights under ERISA or HIPAA, you may contact your Plan Administrator or the U.S. Department of Labor by writing to the Chicago Regional office at 200 W. Adams Street, Suite 1600, Chicago, IL 60606, or by calling the Department at 312-353-0900.

If you have questions about this notice, please contact your Plan Administrator listed below:

#### **State of Ohio**

Department of Administrative Services  
Benefits Administration Services  
Medical Plan Benefits Manager  
30 E. Broad St., 27th Floor  
Columbus, Ohio 43215  
800-409-1205 (option 2)

Also, if you have changed marital status, or if you, your spouse or any other qualified dependents have changed addresses, please notify your local Human Resources Representative.

#### **WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998**

The Women's Health and Cancer Rights Act of 1998 (WHCRA) is a federal law that provides protections to patients who choose to have breast reconstruction in connection with a mastectomy. The terms of WHCRA provide:

- A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, that provides medical and surgical benefits with respect to a mastectomy shall provide, in a case of a participant or beneficiary who is receiving benefits in connection with a mastectomy and who elects breast reconstruction in connection with such mastectomy, coverage for:
1. All stages of reconstruction of the breast on which the mastectomy was performed;
  2. Surgery and reconstruction of the other breast to produce a symmetrical appearance;
  3. Prostheses; and,
  4. Treatment of physical complications of all stages of mastectomy, including lymphedema.

For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient. Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and as are consistent with those established for other benefits under the plan or coverage.

If you have any questions or would like more information about the State of Ohio's WHCRA benefits, contact Employee Benefits Customer Service at 614-466-8857 (option 2) or 800-409-1205 (option 2).

#### **NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT**

Under the provisions of The Newborns' and Mothers' Health Protection Act, group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a Caesarean section. However, federal law generally does not prohibit the mother's or newborn's

attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

#### PATIENT PROTECTION DISCLOSURE

The Ohio Med PPO generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, please see the contact numbers below for Aetna, Anthem, and Medical Mutual of Ohio.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Aetna, Anthem, Medical Mutual of Ohio, or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact: Aetna at (1-800-949-3104); Anthem at (1-844-891-8359); or, Medical Mutual of Ohio at (1-800-822-1152).

#### CREDITABLE COVERAGE DISCLOSURE

##### Important Notice from the State of Ohio About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the State of Ohio and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- The State of Ohio has determined that the prescription drug coverage offered by OptumRx is, on average for all Plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered

Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

##### When can you join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from Oct. 15 to Dec. 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

##### What happens to your current coverage if you decide to join a Medicare drug plan?

If you decide to join a Medicare drug plan, your current State of Ohio coverage will not be affected. The State of Ohio has determined that the prescription drug coverage offered by OptumRx is, on average for all Plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

Go to: [dos.ohio.gov/prescriptiondrug](http://dos.ohio.gov/prescriptiondrug) for more details on your prescription benefits.

If you decide to join a Medicare Drug Plan and drop your current state medical coverage, be aware that you and your dependents will not be able to get this coverage back unless you experience a qualifying event or sign up during Open Enrollment.

##### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the State of Ohio and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1 percent of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19 percent higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

##### For further information, contact:

###### State of Ohio

Ohio Department of Administrative Services  
Benefits Administration Services  
Prescription Drug Benefits Manager  
30 E. Broad, 27th Floor  
Columbus, OH 43215  
800-409-1205 (option 2)

*NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the State of Ohio changes. You also may request a copy of this notice at any time.*

##### For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy

of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

**For more Information about Medicare prescription drug coverage:**

- Visit: [medicare.gov](http://medicare.gov).
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the Web at: [socialsecurity.gov](http://socialsecurity.gov) or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

**NOTICE REGARDING WELLNESS PROGRAM**

*Take Charge! Live Well!* is a voluntary wellness program available to all employees enrolled in the State of Ohio medical plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You also will be asked to complete a biometric screening, which will include a blood test for total cholesterol, high density lipoprotein (HDL), low density lipoprotein (LDL), triglycerides, and blood glucose. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of up to \$50 for completion of the HRA and \$100 for completion of a biometric screening. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the incentive.

Additional incentives of up to \$200 may be available for employees who participate in certain health-related activities such as health coaching and online participation in health and wellness lessons and/or challenges. If you are unable to participate in any of the health-related activities required to earn an incentive, you may be entitled to a reasonable accommodation. You may request a reasonable accommodation by contacting Beth Kim, State of Ohio Wellness program manager, at 614-728-5478.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health coaching and QuitNet. You also are encouraged to share your results or concerns with your own doctor.

**Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and the State of Ohio may use aggregate information it collects to design a program based on identified health risks in the workplace, *Take Charge! Live Well!* will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the health coaching staff at Sharecare, in order to provide you with services under the wellness program.

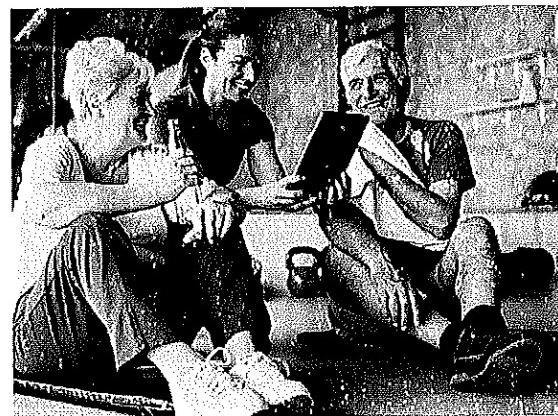
In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, contact:

Beth Kim  
30 E. Broad St., 27th Floor  
Columbus, Ohio 43215

614-728-5478; email: [beth.kim@das.ohio.gov](mailto:beth.kim@das.ohio.gov)



### PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your

dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2018. Contact your State for more information on eligibility –

ALABAMA – Medicaid	IOWA – Medicaid
Website: <a href="http://myalhipp.com">myalhipp.com</a> Phone: 1-855-692-5447	Website: <a href="http://dhs.iowa.gov/lme/members/medicaid-a-to-z/hipp">dhs.iowa.gov/lme/members/medicaid-a-to-z/hipp</a> Phone: 1-888-346-9562
ALASKA – Medicaid	KANSAS – Medicaid
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com">myakhipp.com</a> Phone: 1-866-251-4861 Email: <a href="mailto:customerservice@myakhipp.com">customerservice@myakhipp.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/pages/medicaid/default.aspx">dhss.alaska.gov/dpa/pages/medicaid/default.aspx</a>	Website: <a href="http://kdheks.gov/hcf">kdheks.gov/hcf</a> Phone: 1-785-296-3512
ARKANSAS – Medicaid	KENTUCKY – Medicaid
Website: <a href="http://myarhipp.com">myarhipp.com</a> Phone: 1-855-MyRHIIPP (855-692-7447)	Website: <a href="http://chfs.ky.gov/dms/default.htm">chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	LOUISIANA – Medicaid
Health First Colorado Website: <a href="http://healthfirstcolorado.com">healthfirstcolorado.com</a> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <a href="http://colorado.gov/hcpf/child-health-plan-plus">colorado.gov/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711	Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447
FLORIDA – Medicaid	MAINE – Medicaid
Website: <a href="http://flmedicaidtplecovery.com/hipp">flmedicaidtplecovery.com/hipp</a> Phone: 1-877-357-3268	Website: <a href="http://maine.gov/dhhs/ofi/public-assistance/index.html">maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711
GEORGIA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Website: <a href="http://dch.georgia.gov/medicaid">dch.georgia.gov/medicaid</a> Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507	Website: <a href="http://mass.gov/eohhs/gov/departments/masshealth">mass.gov/eohhs/gov/departments/masshealth</a> Phone: 1-800-862-4840
INDIANA – Medicaid	MINNESOTA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://in.gov/fssa/hip">in.gov/fssa/hip</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://indianamedicaid.com">indianamedicaid.com</a> Phone 1-800-403-0864	Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> Phone: 1-800-657-3739

<b>MISSOURI - Medicaid</b>	<b>SOUTH DAKOTA - Medicaid</b>	
Website: <a href="http://dss.mo.gov/mhd/participants/pages/hipp.htm">dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://dss.sd.gov">dss.sd.gov</a> Phone: 1-888-828-0059	
<b>MONTANA - Medicaid</b>	<b>TEXAS - Medicaid</b>	
Website: <a href="http://dphhs.mt.gov/montanahealthcareprograms/hipp">dphhs.mt.gov/montanahealthcareprograms/hipp</a> Phone: 1-800-694-3084	Website: <a href="http://gethipptexas.com">gethipptexas.com</a> Phone: 1-800-440-0493	
<b>NEBRASKA - Medicaid</b>	<b>UTAH - Medicaid and CHIP</b>	
Website: <a href="http://dhhs.ne.gov/children_family_services/_accessnebraska/pages/_accessnebraska_index.aspx">dhhs.ne.gov/children_family_services/_accessnebraska/pages/_accessnebraska_index.aspx</a> Phone: 1-855-632-7633 Lincoln: 1-402-473-700 Omaha: 1-402-595-1178	Medicaid Website: <a href="http://medicaid.utah.gov">medicaid.utah.gov</a> CHIP Website: <a href="http://health.utah.gov/chip">health.utah.gov/chip</a> Phone: 1-877-543-7669	
<b>NEVADA - Medicaid</b>	<b>VERMONT - Medicaid</b>	
Medicaid Website: <a href="http://dwss.nv.gov">dwss.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="http://greenmountaincare.org">greenmountaincare.org</a> Phone: 1-800-250-8427	
<b>NEW HAMPSHIRE - Medicaid</b>	<b>VIRGINIA - Medicaid and CHIP</b>	
Website: <a href="http://dhhs.nh.gov/oii/documents/hippapp.pdf">dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999	Medicaid Website: <a href="http://coverva.org/programs_premium_assistance.cfm">coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://coverva.org/programs_premium_assistance.cfm">coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282	
<b>NEW JERSEY - Medicaid and CHIP</b>	<b>WASHINGTON - Medicaid</b>	
Medicaid Website: <a href="http://state.nj.us/humanservices/dmhs/clients/medicaid">state.nj.us/humanservices/dmhs/clients/medicaid</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://njfamilycare.org/index.html">njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	Website: <a href="http://hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473	
<b>NEW YORK - Medicaid</b>	<b>WEST VIRGINIA - Medicaid</b>	
Website: <a href="http://health.ny.gov/health_care/medicaid">health.ny.gov/health_care/medicaid</a> Phone: 1-800-541-2831	Website: <a href="http://mywvhipp.com">mywvhipp.com</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	
<b>NORTH CAROLINA - Medicaid</b>	<b>WISCONSIN - Medicaid and CHIP</b>	
Website: <a href="http://dma.ncdohhs.gov">dma.ncdohhs.gov</a> Phone: 919-855-4100	Website: <a href="http://dhs.wisconsin.gov/publications/p1/p10095.pdf">dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002	
<b>NORTH DAKOTA - Medicaid</b>	<b>WYOMING - Medicaid</b>	
Website: <a href="http://nd.gov/dhs/services/medicalserv/medicaid">nd.gov/dhs/services/medicalserv/medicaid</a> Phone: 1-844-854-4826	Website: <a href="http://wyequitycare.acs-inc.com">wyequitycare.acs-inc.com</a> Phone: 307-777-7631	
<b>OKLAHOMA - Medicaid and CHIP</b>	<p>To see if any other states have added a premium assistance program since Jan. 31, 2018, or for more information on special enrollment rights, contact either:</p> <p><b>U.S. Department of Labor</b> Employee Benefits Security Administration <a href="http://dol.gov/agencies/ebsa">dol.gov/agencies/ebsa</a> 1-866-444-EBSA (3272)</p> <p><b>U.S. Department of Health and Human Services</b> Centers for Medicare &amp; Medicaid Services <a href="http://cms.hhs.gov">cms.hhs.gov</a> 1-877-267-2323, Menu Option 4, Ext. 61566</p>	
<b>PENNSYLVANIA - Medicaid</b>		
Website: <a href="http://dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462		
<b>RHODE ISLAND - Medicaid</b>		
Website: <a href="http://www.eohhs.ri.gov">www.eohhs.ri.gov</a> Phone: 1-855-697-4347		
<b>SOUTH CAROLINA - Medicaid</b>		
Website: <a href="http://scdhhs.gov">scdhhs.gov</a> Phone: 1-888-549-0820		

#### **PAPERWORK REDUCTION ACT STATEMENT**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.



*Children of  
parents who talk  
to their teens  
about drugs are  
50% less likely  
to use.*



## Glossary

When reviewing information about your health care coverage options, it is helpful to understand some of the basic terms and concepts.

**Benefit Year/Plan Year:** The 12-month period from July 1 through June 30 during which services are rendered and your deductible and coinsurance are accumulated.

**Biometric Screening:** A private screening with a health professional that provides a snapshot of your health. The screening includes cholesterol (total), HDL, LDL, blood glucose, blood pressure, height, weight and waist circumference.

**Change in Status/Qualifying Event:** A change in your life that allows you to enroll or make an adjustment to your existing coverage. Examples include marriage, divorce, birth or adoption of a child, or a change in job status for you or a dependent.

**Coinurance:** The percentage of eligible expenses that the health care plan pays after the annual deductible is met. For example, an 80 percent coinsurance rate means you pay 20 percent and the plan pays 80 percent.

**Copay:** A specified dollar amount you pay to a health care provider or pharmacy for eligible expenses such as office visits and prescriptions. Copays do not count toward your annual deductible.

**Covered Person:** The employee, the employee's spouse and/or dependent children who are eligible and enrolled under your health care plan.

**Covered Services:** Those services and supplies provided for the purpose of preventing, diagnosing or treating a medical condition, behavioral disorder, psychological injury or substance use addiction for which the plan will provide benefits.

**Deductible:** The amount you pay for eligible expenses each plan year before the plan begins to pay anything. This does not apply to preventive services covered at 100 percent.

**Dependent(s):** A spouse and/or an eligible child or children.

**Eligible Expense:** The maximum amount on which payment is based for covered health care services. You may be required to pay a percentage of Eligible Expenses in the form of Coinsurance.

**Employee Share or Contribution:** The portion of the total premium that you pay through pre-tax payroll deductions for your coverage.

**Exempt Employee:** An appointment to a position not represented by a labor union. Employees are usually exempt from union representation because they are supervisors, in positions of a confidential or fiduciary nature or not in permanent appointments.

**Evidence of Insurability (EOI):** An application process in which information on the condition of one's health or a dependent's health is provided in order to be considered for certain types of insurance coverage.

**Flexible Spending Accounts (FSA):** A type of savings account that provides the account holder with specific tax

advantages. The account allows employees to contribute a portion of their pre-tax earnings to pay for qualified expenses, such as for medical or dependent care. The two types of FSAs are health care spending accounts and dependent care spending accounts.

**Out-of-Pocket Maximum:** The cap or maximum amount you pay for eligible out-of-pocket health care expenses during the plan year. After your out-of-pocket expenses reach the maximum, the plan pays 100 percent of any additional eligible expenses for the remainder of the plan year. There is a separate out-of-pocket maximum for prescription drugs.

**Patient Protection and Affordable Care Act (also known as the Affordable Care Act or PPACA or simply ACA):** The health reform legislation passed by Congress and signed into law in March 2010 by the president of the United States.

**Preferred Provider Organization (PPO):** A PPO is a medical plan that offers benefits at both network and non-network levels. When you enroll in the Ohio Med PPO, you may visit any doctor and receive benefits. However, the benefit is greater when you use network providers, but less when you use providers who are not part of the network.

**Service Hours:** Service hours include any hour for which an employee receives or is entitled to payment for performing their job duties for the State of Ohio. These hours also include each hour for which an employee is paid or entitled to payment due to vacation, holiday, illness, incapacity (including disability), layoff, jury duty, military duty or leave of absence, but does not include hours that relate to Workers' Compensation or unemployment compensation, volunteer hours or a federal work-study program.

**State Share or Contribution:** The portion of the total premium the State of Ohio pays to provide its employees with coverage.

**Summary of Benefits and Coverage (SBC):** A requirement of the Patient Protection and Affordable Care Act, the SBC is a concise four-page document that details simple and consistent information about health plan benefits and coverage. It will help you understand the basics of your coverage and allow you to compare any different coverage options you may have. It summarizes the key features of the plan, such as covered benefits, cost-sharing provisions, and limitations and exceptions. All insurance companies and group health plans must use the same standard SBC form. The SBC also contains a link to the required Uniform Glossary, which provides definitions of many commonly used health coverage and medical terms. For full details, visit [des.ohio.gov/benefits](http://des.ohio.gov/benefits).

**Third-Party Administrator (TPA):** An organization or company that processes claims and other aspects of employee benefits plans on behalf of an employer. For example, Aetna, Anthem and Medical Mutual are the third-party administrators of the Ohio Med PPO.

**Total Premium:** The combination of the employee contribution and the state contribution.

**Union-Represented Employee:** Also known as a Bargaining Unit Employee, is represented by a labor union and covered by the terms of a collective bargaining agreement.

**Well-Being 5 Survey:** A confidential questionnaire that assesses your physical, emotional, financial and social health and how your lifestyle habits affect your overall well-being.



## Health and Other Benefits Contacts

### ALL EMPLOYEES

**Medical**  
Aetna  
800-949-3104  
[aetnastateofohioemployee.com](http://aetnastateofohioemployee.com)  
Group Number: 285507

Anthem  
844-891-8359  
[enrollment.anthem.com/stateofohio](http://enrollment.anthem.com/stateofohio)  
Group Number: 004007621

Medical Mutual of Ohio  
800-822-1152  
[stateofohio.medmutual.com](http://stateofohio.medmutual.com)  
Group Number: 228000

**Prescription Drug**  
OptumRx  
866-854-9850  
[optumrx.com](http://optumrx.com)  
Rx Group Number: STOH

**Behavioral Health and Substance Use**  
Optum Behavioral Solutions  
800-852-1091  
[liveandworkwell.com](http://liveandworkwell.com)  
Website Access Code: 00832  
Group Number: 1507

**Ohio Employee Assistance Program**  
800-221-6327  
[ohio.gov/earp](http://ohio.gov/earp)

**Take Charge! Live Well!**  
Sharecare  
866-556-2288  
[ohio.gov/tclw](http://ohio.gov/tclw)  
Click the Sharecare website button.

**24-Hour Nurse Advice Line**  
Sharecare  
866-556-2288, option 1

**Flexible Spending Accounts and Commuter Choice**  
WageWorks  
855-428-0446  
[wageworks.com](http://wageworks.com)

### EXEMPT EMPLOYEES ONLY

**Dental**  
Delta Dental of Ohio  
800-524-0149  
[deltadentaloh.com](http://deltadentaloh.com)  
Delta Dental PPO  
Group Number: 9273-0001

**Vision**  
EyeMed Vision Care  
888-838-4033  
[eyemed.com](http://eyemed.com)  
Group Number: 1016475

**Life Insurance**  
Basic Life Insurance and Supplemental Life Insurance  
Minnesota Life, a Securian company  
866-293-6047  
[lifebenefits.com](http://lifebenefits.com)  
Group Number: 34301  
*Initial login credentials for life insurance:* The initial user ID is "OH" plus your State of Ohio User ID. The initial password is your date of birth (MMDDYYYY) plus the last four digits of your Social Security number.

### UNION-REPRESENTED EMPLOYEES ONLY

**Union Benefits Trust**  
614-508-2255  
800-228-5088  
website: [benefitstrust.org](http://benefitstrust.org)  
email: [customerservice@benefitstrust.org](mailto:customerservice@benefitstrust.org)

The websites of the Union Benefits Trust (UBT) vendors listed below can be accessed through the UBT website.

**Dental**  
Delta Dental of Ohio  
877-334-5008  
Group Number: 1009

**Vision**  
Vision Service Plan (VSP)  
800-877-7195  
Group Number: 12022914

EyeMed Vision Care  
866-723-0514  
Group Number: 9674813

**Life Insurance**  
Prudential Life Insurance  
800-778-3827  
844-533-4UBT (4828)  
Group Number: LG-01049

**Legal Services**  
Hyatt Legal Services  
800-821-6400  
Group Number: 4900010

### ALL EMPLOYEES

**Ohio Department of Administrative Services**  
Employee Benefits Customer Service  
614-466-8857, option 2 or  
800-409-1205, option 2  
email: [mybenefits@das.ohio.gov](mailto:mybenefits@das.ohio.gov)  
website: [das.ohio.gov/benefits](http://das.ohio.gov/benefits)

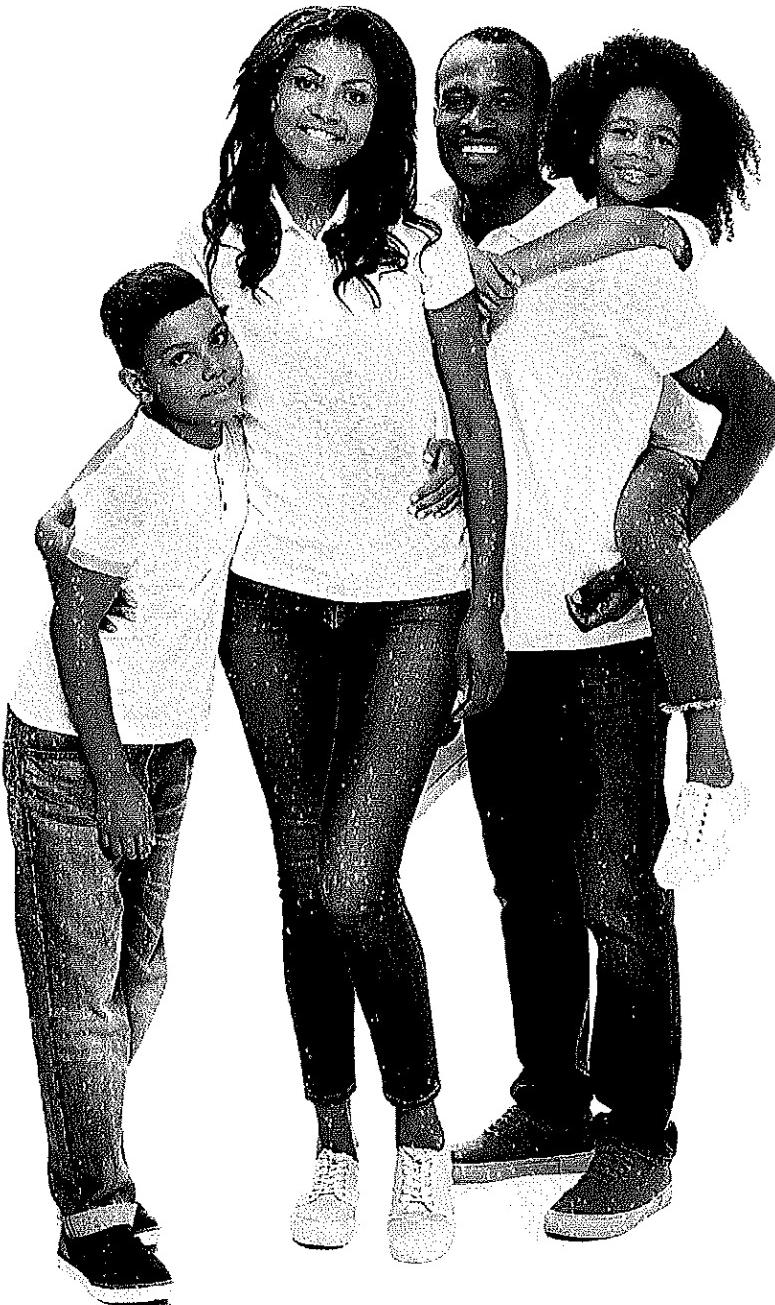
#### TIP:

When placing a call, please ensure you have the documentation you might need during the call:

- Group Number
- State of Ohio User ID
- Explanation of Benefits if call is regarding a claim.

## Save the Dates

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### 2018 SAVE THE DATES

May  
**Open Enrollment begins May 21**

June  
**Open Enrollment ends June 1**  
**Benefit year ends June 30**

July  
**New benefit year begins July 1**

October  
**Flexible Spending Accounts**  
**Open Enrollment begins Oct. 15**  
**and ends Oct. 26**

December  
**Use your remaining**  
**Flexible Spending Accounts**  
**money by Dec. 31**

### 2019 SAVE THE DATES

January  
**New Flexible Spending Accounts**  
**plan year begins Jan. 1**

February  
**National Wear Red Day is Feb. 1**

March  
**2018 Flexible Spending Accounts**  
**claims deadline is March 31**

May  
**Open Enrollment period occurs**

June  
**Benefit year ends June 30**

July  
**New benefit year begins July 1**



SERVICE • SUPPORT • SOLUTIONS  
DEPARTMENT OF ADMINISTRATIVE SERVICES

Ohio Department of Administrative Services  
Human Resources Division  
30 E. Broad St., 28th Floor  
Columbus, OH 43215



**From:** Fiore, Anthonio  
**Sent:** Thursday, May 31, 2018 2:59 PM  
**To:** Fiore, Anthonio  
**Subject:** Urging Your Support for Cosmetology Reforms in HB 189/SB 129 Before the Summer Recess  
**Attachments:** 2018\_0531 OSA Ltr to All Ohio House and Senate Members Urging Support f....pdf

Dear Ohio House members,

We are writing to ask for your **support** and **expeditious passage** of the **occupational licensure reforms** to Ohio's cosmetology industry contained in **HB 189 and SB 129** before the Summer recess.

I've attached a packet that includes:

- 1) A letter outlining recent Vermont and Illinois bills that were enacted in May with provisions modeled after HB 189 and SB 129, including lowering hours from 1,500 to 1,000 for cosmetologist and establishing an apprenticeship program;
- 2) A Fact Sheet about HB 189/SB 129;
- 3) A Myths Busted addressing issues raised by opponents;
- 4) A document highlighting the 28 private schools of cosmetology that have closed since May 2015; and
- 5) News clips from around the state and proponent testimony supporting passage of HB 189/SB 129.

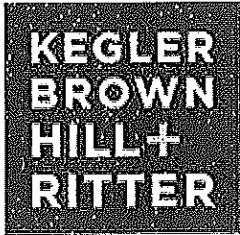
Have a great weekend. Please let me know if you have any questions.

Best regards,

Tony

**Anthonio C. Fiore**  
Of Counsel

65 East State Street | Suite 1800 | Columbus, OH 43215



direct (614) 462-5428 | mobile (614) 906-8669 | fax (614) 464-2634  
[afiore@keglerbrown.com](mailto:afiore@keglerbrown.com)

[my bio](#) | [vCard](#) | [email](#)



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**From:** Lundregan, Scott  
**Sent:** Wednesday, June 6, 2018 5:40 PM  
**To:** Sarko, Alyssa; Kerns, Emily  
**Subject:** FW: Caucus Packets  
**Attachments:** SB 135 (LaRose) - Bill Briefing.pdf; Caucus Agenda -- 6.6.18 MM.docx; HB 21 Bill Brief-PENDING CONCURRENCE.docx; Bill Briefing (HB 159 - Riedel).docx; HB 438 Bill Brief-PENDING CONCURRENCE.docx; Bill Brief HB 133 (Ryan).pdf; HB 225 Bill Brief (Thompson).pdf; HB 111 Bill Briefing.docx; HB 332 Bill Briefing.docx; HB 366 Bill Briefing.docx; HB 292 (Scherer) - Bill Briefing NEW.docx; HB 366 Bill Briefing.docx; Bill Briefing (HB 229 - Romanchuk-Wiggam) 6-6-18.pdf; HB 8 (Hambley Rezabek) 6-6-18.pdf; Bill Briefing (HB 430 - Schaffer).docx

**From:** Myers, Marisa  
**Sent:** Wednesday, June 06, 2018 5:36 PM  
**To:** Lundregan, Scott <[Scott.Lundregan@ohiohouse.gov](mailto:Scott.Lundregan@ohiohouse.gov)>  
**Subject:** Caucus Packets

Marisa Myers  
Deputy Policy Director | Majority Caucus  
Ohio House of Representatives | 77 S. High Street Columbus, Ohio 43215  
p. 614.728.5523 | e. [Marisa.Myers@ohiohouse.gov](mailto:Marisa.Myers@ohiohouse.gov)

# OSA

OHIO SALON ASSOCIATION

May 31, 2018

Dear House and Senate Members:

As you decide what legislation to pass and send to Governor Kasich before the summer recess we urge you once again to **pass the occupational licensure reforms** to Ohio's cosmetology industry contained in **HB 189** or the companion bill, **SB 129**. We have worked with the bill sponsors of both bills on final changes to address opponent concerns as well as provide greater protections for students in the future.

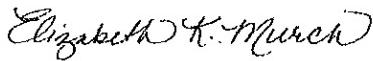
We've attached a **fact sheet** and a **myths busted** document that address many of the claims made by opponents. In addition, we've included a number of opinion editorials and letters to the editor from around the state.

Here are several additional points that lend support for **HB 189** and **SB 129**:

- Last Monday, May 21, 2018, **Vermont Governor Phill Scott** signed **HB 684** into law. This bill lowers the occupational licensure hour requirements for several professions, including cosmetology. State mandated cosmetology hours are reduced from 1,500 hours to 1,000 hours and an apprenticeship program is established for cosmetologists, barbers, estheticians and nail technicians.
- **Illinois** just became the first state to pass a **pre-graduate testing** bill similar to the provisions found in Ohio's **HB 189** and **SB 129**. Why? 33,000 students across the nation **finished school last year and never got licensed**. Without obtaining the license for which a student is trained means students are forced to find alternate employment to pay back student loans.
- The total **number of private cosmetology school closures** has reached 28 since May 2015 (around 30%). We anticipate this number **continuing to grow** due to U.S. Department of Education **Gainful Employment Act** disclosures, requiring any non-degree program offered by non-profit or public institutions and all educational programs offered at for-profit institutions to lead to gainful employment.
- **HB 189** and **SB 129 support the House's licensure reform goal** of reducing unnecessary barriers to enter a profession, and the **Senate's regulatory reform goal** of reducing unnecessary red tape and regulation that is stifling the potential of Ohio's small businesses, which in turn limits job opportunities for Ohioans.
- Both bills **support Ohio's Attainment Goal 2025** of the Governor's Executive Workforce Board, Ohio Department of Education and Ohio Department of Higher Education to have 65% of Ohioans ages 25 to 65 achieve a credential/license or degree by 2025. (**Ohioans are currently at 43% of that attainment goal.**)

The Ohio Salon Association is focused on cosmetology student success, school success and addressing workforce issues for all salons and job providers in Ohio. **HB 189** and **SB 129** accomplish these goals.

Thank you for your time and consideration. Please feel free to contact our lobbyist, Tony Fiore, at [afoire@keglerbrown.com](mailto:afoire@keglerbrown.com) or 614-462-5428 if you have any questions about this legislation.



Elizabeth Murch  
Executive Director



Tony Fiore  
Legislative Counsel



# OSA

OHIO SALON ASSOCIATION

## Facts About HB 189/SB 129

May 31, 2018

### Education

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- House Bill 189 ([HB 189](#)) and Senate Bill 129 ([SB 129](#)) seek occupational licensure reforms to Ohio's cosmetology industry, including equalizing the number of required hours for private cosmetology schools and public vocational education programs at **1,000 hours**.
- Government should mandate only the minimum number of hours needed to ensure safe and sanitary cosmetology practices. HB 189 maintains that necessary training at **1,000 hours**.
- In late May 2018, Vermont Governor Phil Scott signed a bill ([H.684](#)) similar to and validating Ohio's cosmetology bills. The Vermont legislation sets the state's minimum formal training at 1,000 hours (down from 1,500) for cosmetologists and creates an apprenticeship program for students as well.
- Private cosmetology schools currently require **1,500 training hours** and tuition between **\$15,000 to \$30,000**, producing a substantial economic barrier to entry. The average cosmetology graduate accumulates up to **\$25,000 in debt**.
- Public vocational schools in Ohio already require around **1,000 cosmetology-specific training hours** and produce cosmetology graduates who enter the salon workforce at similar rates and success as private cosmetology school graduates.
- Students remain eligible to apply for financial aid for cosmetology programs requiring between 600 and 1,000 hours according to the [General Standards of Student Eligibility for Title IV Funds](#) published by Federal Student Aid, an office of the U.S. Department of Education.
- EMTs require only **150 hours** of training, police officers **695 hours** and licensed practical nurses **1,376 hours** of training, far less than students in Ohio's private cosmetology schools.
- Salon owners and a national study find that more time in school does not make students more ready to perform their jobs. And regardless of training hours required, students must still pass a **licensing exam** to become a working cosmetologist.
- The legislation also includes a provision for **pre-graduate testing**, allowing students to take the state licensing exam prior to finishing classes so students **more quickly enter the Ohio workforce** upon graduation.
- Illinois recently passed a similar bill ([HB 4883](#)) validating Ohio's provision, allowing its cosmetologists, estheticians and nail technicians to take their respective licensing exams prior to completing the required study hours.
- Ohio's more than 13,000 salons generate **\$1.6 billion** in annual revenue. [HB 189/SB 129](#) seeks to remove burdensome education and employment barriers to help Ohio employers find the talent they need to succeed and grow, while allowing graduates to quickly enter the workforce with less debt.

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## Health and Safety

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- The proposed 1,000-hour requirement includes, for the first time, a **statutorily mandated minimum of 26 hours** of safety, health and infection control training, **10 hours** of hair and scalp disorders and diseases training and continuing education dedicated to safety and sanitation.
- Nothing prevents schools from offering additional health and safety training throughout the remaining education hours.
- There are currently around 8,500,000 Ohio citizens over the age of twelve. The average person in that demographic visits a barber shop/beauty salon approximately 6 times per year, or 51,000,000 visits to salons and barber shops in Ohio annually. There are not the life threatening occurrences in beauty salons/barber shops suggested by opponents, because salon owners and licensees are, and will be, well-trained and take their obligation to the public very seriously.

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## Apprenticeship Opportunities

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- More than 30 percent (or 28 schools) of private cosmetology schools have closed in the past three years, leading to a decline in the number of available workers and educational opportunities for this in-demand occupation. We anticipate this number **continuing to grow** due to U.S. Department of Education Gainful Employment Act disclosures, requiring any non-degree program offered by non-profit or public institutions and all educational programs offered at for-profit institutions to lead to gainful employment.
- HB 189/SB 129 create an apprenticeship option based on a successful European model that allows students to earn a wage while learning the skills needed for a successful cosmetology career.
- The Vermont legislation (H.684) signed into law by Governor Phil Scott creates an apprenticeship program as well.
- An apprenticeship is an especially important option in parts of the state where cosmetology schools have closed, since Ohio's salons rely on the schools to train workers. **Nearly a third** of private cosmetology schools have closed in the past three years.
- Ohio would become the **21<sup>st</sup> state** to have this provision for apprenticeship programs.

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## License Reciprocity

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- Ohio becomes **more competitive** with other states, because HB 189/SB 129 makes it unnecessary to take a licensing exam in Ohio if licensed in another state and permits work experience in other states to count toward Ohio licensing hours. Like obtaining a driver's license after a move, cosmetology workers would more easily and quickly be licensed and available to take on new jobs in Ohio.
- By reforming over-burdensome licensing laws that reduce barriers to workforce entry, HB 189/SB 129 support Ohio's Attainment Goal 2025, which includes having **65 percent** of Ohioans ages 25 to 65 achieve a credential, license or degree by 2025. (Ohioans are currently at 43% of that attainment goal.)
- Just as drivers who move to Ohio aren't automatically required to take a test in order to get an Ohio drivers license, cosmetologists licensed in another state shouldn't have to take another test to work here.

- Similar to HB 189/SB 129, the new Vermont law (H.684) also provides license reciprocity, without examination, for out-of-state cosmetologists if they are licensed or certified in good standing in another state and the other state's licensure requirements are substantially similar to Vermont's or materially less rigorous if the person has 1,500 documented hours of practice for at least 1 year.

## **Natural Hair Stylist license and Minority-Owned Businesses**

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- The Natural Hair Stylist license would remain in HB 189/SB 129.
- However, the Natural Hair Stylist license isn't often utilized. In 2017, there were just five active licenses and one new natural hair stylist license, and only 14 active and four newly-licensed natural hair stylist salons. However, that license will remain in these bills.

## **Provisions for Barbers**

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- These bills do not reduce the initial barber license hour requirements below 1,800.
- By way of comparison, there are roughly eight states now providing barber programs for 1,000 hours or less. This includes a new Vermont law (H.684), which lowers barber training hours from 1,000 to 750 and provides for a 1,500-hour apprenticeship track.
- The bills include two provisions affecting barbers, and both are to the barbers' benefit:
  - Barbers who wish to also obtain a cosmetology license would now need fewer training hours before sitting for the licensing exam.
  - Barbers would still be the only service providers allowed to provide straight razor shaving.

## **Additional Opportunities for salon owners and customers**

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- HB 189/SB 129 also add provisions that permit mobile salons and on-location cosmetology services, introducing more options to consumers and opportunities for entrepreneurs.
- 47 percent of salon businesses in Ohio are minority-owned and 77 percent of salon businesses are owned by women. HB 189/SB 129 will help these owners by ensuring they can find the talent and resources they need to grow their businesses.



# OSA

OHIO SALON ASSOCIATION

## Myths and Facts about HB 189/SB 129

May 31, 2018

### 1. Myth

*Public school cosmetology students and those who receive training at private schools are treated the same under Ohio law.*

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#### Busted!

Ohio law today treats students very differently depending where they pursue an education in cosmetology. Private school students must complete 1,500 hours of cosmetology-specific training before taking the state licensing exam, whereas public school students are required to take only 1,000 hours of cosmetology-specific training. This is true despite evidence that public school students do just as well on the licensing exam and in the workplace as private school students.

### 2. Myth

*HB 189 and SB 129 are sponsored by big chain salons who are interested staffing their shops more than they are in the quality of their cosmetologists.*

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#### Busted!

Salons of all sizes support these bills because they would put more Ohioans into good jobs throughout Ohio. They would do this by removing unnecessary barriers to education and employment, helping employers find the skilled talent they need to succeed and grow, promoting effective and efficient job training for in-demand occupations, and creating an apprenticeship option for cosmetology students to earn a wage while learning about the beauty industry.

### 3. Myth

*Students will not qualify for student financial aid if House Bill 189 and Senate Bill 129 becomes law.*

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#### Busted!

Students **remain eligible** to apply for financial aid for cosmetology programs requiring between 600 and 1,000 hours according to the **General Standards of Student Eligibility for Title IV Funds** published by Federal Student Aid, an office of the U.S. Department of Education.

### 4. Myth

*It's easy for a cosmetologist licensed in another state to take a job in Ohio.*

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#### Busted!

Under current law, someone licensed in another state gets very little credit for their experience. While a new rule currently provides a waiver for some out-of-state cosmetologists looking to transfer a license to Ohio, those are complicated to obtain and require at least a year experience immediately prior to a move. Otherwise, they must instead receive duplicative training and take another licensing exam, even if they were successful in another state.

**HB 189/SB 129** would give Ohio transfers credit toward Ohio's training hours requirement according to their experience and would not require them to sit for Ohio's licensing exam. Like obtaining a driver's license in a new state, this would more quickly and easily allow cosmetology workers to obtain jobs in Ohio. This is particularly important in Ohio communities near the state border, where people often live in one state and work in another.

#### 5. Myth

*Reducing the hours required to sit for a licensing exam will particularly hurt women of color, who will lose protections designed to provide safe and consistent salon services in Ohio.*

**Busted!**

Career tech programs in Ohio's public high schools teach full cosmetology skills in around 1,000 hours and produce thousands of graduates that practice in Ohio today. The legislation requires robust health and safety training, including 26 hours of safety, health and infection control training; 10 hours of hair and scalp disorders and diseases training; and a minimum of one hour dedicated to safety and sanitation in continuing education every two years. Further, 1,000 hours of training is still more than those required for many Ohio licenses in safety-related professions, including emergency medical technicians, police officers and paramedics. Tattoo artists receive no training on how to handle blood, though they handle it every day.

Moreover, efforts in other states are underway to lower occupational licensure hurdles. In fact, on May 21, 2018, Vermont Governor Phil Scott signed a bill ([H.684](#)) similar to and **validating Ohio's cosmetology bills**. The Vermont legislation sets the state's minimum formal training at 1,000 hours (down from 1,500) for cosmetologists and creates an apprenticeship program as well for students to earn a wage while learning their trade. It's time for Ohio to do the same.

#### 6. Myth

*Reducing from 1,500 to 1,000 the number of hours private school cosmetology students must take to qualify for the state licensing exam will result in ill-prepared cosmetologists and increased health and safety hazards in Ohio salons.*

**Busted!**

Reducing the number of hours establishes a level of consistency between private and public cosmetology schools while at the same time making cosmetology education more affordable and accessible. It also enables students to move into the workforce more quickly at a time when these jobs are in high demand.

Ironically, the state of Ohio mandates **fewer or similar hours** of training for highly skilled professions such as police officers, licensed practical nurses and emergency medical technicians. The industry also accepts 1,000 hours of cosmetology-specific training as adequate training for public school students at Ohio vocational technical centers. Reducing the number of hours required for private school students puts them on an even playing field with public school students and removes a major barrier to entry into the profession.

Moreover, the legislation includes a provision for pre-graduate testing, allowing students to take the state licensing exam prior to finishing classes, so students **more quickly enter the Ohio workforce** upon graduation. Illinois **recently passed** a similar bill validating Ohio's provision, allowing its cosmetologists, estheticians and nail technicians to take their respective licensing exams prior to completing the required study hours.

The Ohio State Cosmetology and Barbering Board staff and inspectors do an admirable job of conducting random inspections, receive complaints through its 1-800 tip line and crack down on bad actors across the state.

There are currently around 8,500,000 Ohio citizens over the age of twelve. The average person in that demographic visits a barber shop/beauty salon approximately 6 times per year, or 51,000,000 visits to salons and barber shops in Ohio annually. There are not the life threatening occurrences in beauty salons/barber shops suggested by opponents, because salon owners and licensees are, and will be, well-trained and take their obligation to the public very seriously.

Finally, the legislation requires, for the first time, a statutorily mandated minimum of 26 hours of safety, health and infection control training; 10 hours of hair and scalp disorders and disease training; and continuing education every two years related to safety and sanitation.

#### 7. Myth

*The legislation de-emphasizes formal education in favor of apprenticeships for stylists.*

**Busted!**

In many professions, a combination of formal education and apprenticeships is an ideal educational approach because it provides workplace experience and earnings while completing crucial classroom training. The apprenticeship model outlined in HB 189 and SB 129, based off a very successful European model, motivates schools and salons to work together on the initial 200 hours of education/training and allows apprentices to **earn while they learn** during 1,800 hours of hands-on training. Many private cosmetology schools have closed in Ohio, with rural areas being affected the most.

An apprenticeship is a viable alternative when access to schools is limited and recognizes that most of what a cosmetologist learns occurs on the job. More than a third of states authorize apprenticeships, including Vermont, which just **validated Ohio's cosmetology bills**, setting the state's minimum formal training at 1,000 hours (down from 1,500) for cosmetologists while creating an apprenticeship program. In fact, Ohio would become the **21<sup>st</sup> state** to include this provision.

#### 8. Myth

*The bill de-emphasizes enforcement of state law by reducing fines, making it easier for salons and cosmetology professionals to break the law with few consequences.*

**Busted!**

HB 189 and SB 129 simply reflect changes in penalties instituted by the Ohio State Cosmetology and Barbering Board over the last few years.

#### 9. Myth

*The legislation dangerously allows cosmetologists to shave male customers in Ohio salons, even though the skill is taught only in Ohio barber schools.*

**Busted!**

Anybody today can go to the store and buy a safety razor for personal grooming. There is no reason why cosmetology professionals should be prohibited from performing grooming services with a disposable safety razor while barbers retain sole authority to use a straight razor.

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## **10. Myth**

*Elimination of natural hair licenses would leave African-American women who wear natural hair unprotected against those with no training in an unregulated marketplace.*

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**Busted!**

While this license is seldom used and, at 450 hours of training, is burdensome, the Natural Hair Stylist license would remain in HB 189/SB 129. The license WOULD NOT be eliminated. According to the State Cosmetology and Barber Board's 2017 Annual Report, there were only five active licenses and one new natural hair stylist license that year; one active and one new natural hair stylist instructor license; 34 active and 45 new advanced natural hair stylist licenses; and 14 active and four newly licensed natural hair stylist salons. The Ohio General Assembly in 2015 also created the boutique service registration for braiders in order to get these professionals out of the shadows of an underground economy.

## **11. Myth**

*Getting rid of the advanced license deregulates our profession.*

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**Busted!**

Ohio's advanced license doesn't provide students with marketable skills that result in higher wages. Further, it's not recognized in other states. Nothing prevents schools from offering advanced courses or as many hours of classes as they want. However, private schools now combine the initial license, requiring 1,500 hours, with the advanced license, at 300 hours, requiring students seeking an advanced license to complete an 1,800-hour program. This is unsustainable. The OSA supports changing the bill in the Senate to preserve the advanced license for those who hold it on the effective date of the bill, so they can indefinitely renew it.

## **12. Myth**

*HB 189 and SB 129 will also reduce the hours required to obtain an initial barbers license below 1,800.*

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**Busted!**

These bills **do not reduce** the initial barber license hour requirements. In fact, the bills only include two provisions affecting barbers, and both are to their benefit. Barbers who wish to obtain an additional license – such as a cosmetology license – would now need fewer training hours before sitting for the licensing exam. The bills also include a provision ensuring barbers will still be the only service providers permitted to provide straight razor shaving for customers.

## **13. Myth**

*This legislation favors the operations of the large national salon chains. Many conglomerate salons are moving into Ohio and threatening Ohio's homegrown, smaller and more numerous salons.*

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**Busted!**

Nationally branded salons are actually small local businesses. These local small businesses pay franchise fees to the national brand for using their brand. The local business owner pays wages, workers compensation, and unemployment in Ohio – not to the national chain. Nationally branded salons are a great place for new employees to work as they provide the opportunity for health care, vacation and personal leave and retirement savings options, all while gaining experience in the profession. Nationally branded salons also provide a career path for licensee-employees which will set them up for success at higher levels such as supervisory, managerial or home office promotions.

#### **14. Myth**

*Ohio salons, mostly small entrepreneurial women-owned firms, rely on thorough licensing training to hire quality practitioners. These small firms cannot afford the additional infrastructure required if the training hours for licensing are reduced.*

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**Busted!**

Salons already provide on-the-job training for new employees. There is no skill difference in licensees coming out at around 1,000 hours from high school career tech programs and those at 1,500 hours from private schools and adult training programs. Changing the hours requirement to a floor not a ceiling will allow students to obtain jobs faster which will give business owners more candidates to choose from. The argument simply can't be made that the 1000 hours will produce poorly trained individuals, because Ohio's public schools have been producing qualified and successful students at around 1000 hours for many years.

Independent salons are more progressive than indicated. These are committed, savvy local owners that are very capable and use online resources provided by manufacturers, professional organizations and their peers. The availability of top-notch continuing education is at the fingertips of every beauty professional. The salon industry is known for its vast amount of education through hair shows, career fairs, events, seminars and conferences.

#### **15. Myth**

*Less training would mean entry-level cosmetologists losing negotiating power leading to lower wages and reduced benefits.*

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**Busted!**

There is no data to support this claim. What's important is that the state is not imposing an insurmountable barrier to entry into a profession where safety and sanitation should be the chief regulation and requirement.

According to the [U.S. Bureau of Labor Statistics](#) the median hourly wage for hairdressers, hairstylists and cosmetologists was \$11.95 in May 2017. Wages are not dictated by cosmetology hours, but rather by the market cost of labor, cost of living and the overall workplace reality. Below is a list of the mean wages in states with their correlating hours, and it is clear there is no discernable pattern or significant difference that can be attributed to training hours.

District of Columbia	1,500	\$21.96
Delaware	1,500	\$17.09
Hawaii	1,800	\$16.17
Washington	1,600	\$19.56
Massachusetts	1,000	\$17.99
New Jersey	1,200	\$18.10
Virginia	1,500	\$17.82
Connecticut	1,500	\$16.29
New York	1,000	\$15.74
Maryland	1,500	\$15.16
Vermont	1,000 (2019)	\$16.24

There have been many references to a \$10/hour rate and a belief that hourly pay rates are higher in states requiring more training hours. Five states with required training hours between 1,000-1,250 hour states and their wages are as follows, as compared to Ohio:

Massachusetts	1,000	\$17.99
New York	1,000	\$15.74
Florida	1,200	\$15.37
New Jersey	1,200	\$18.10
Pennsylvania	1,250	\$12.77
Ohio	1,500	\$12.84

#### 16. Myth

*Larger salons often focus corporate training on in-house operations, not on the widely accepted safety and service standards in Ohio's current licensing program, thus further reducing the cosmetologist's marketability across the industry.*

**Busted!**

Nationally branded salons would not be as successful as they are if they were dangerous and provided sub-par on-the-job training.

Public schools of cosmetology already graduate students who pass the current state exam at around 1,000 hours, and small salons are already currently hiring students who have around 1,000 hours of training.

No one who enters a profession is perfectly trained to handle all situations that come up while on the job. Once the basic education is mastered to ensure that safety, sanitation and basic skills are possessed by the licensee, then job experience is vital to perfecting the craft.

Internship and apprenticeship programs are provided for in HB 189/ SB 129 which expose the student to the work environment to allow them to gain valuable experience while earning a wage. This is invaluable in rural and other less populated areas where it is difficult to get experience.

**28 Private Schools of Cosmetology have closed in Ohio since May 2015 (or 30% fewer than 3 years ago)**

WESTERN HILLS SCHOOL OF BEAUTY & HAIR DESIGN 6490 GLENWAY AVE CINCINNATI, OH 45211 Closed 4/22/2018	CAROUSEL OF MIAMI VALLEY BEAUTY COLLEGE 7809 WAYNETOWN BLVD HUBER HEIGHTS, OH 45424 CLOSED 9/6/2016	OHIO STATE SCHOOL OF COSMETOLOGY 5970 WESTERVILLE RD WESTERVILLE, OH 43081 CLOSED 12/2016
B FABULOUS NAIL ACADEMY 2234 E 55TH ST CLEVELAND, OH 44103 Closed 1/12/2018	REGENCY BEAUTY INSTITUTE 1912 BUCHHOLZER BLVD AKRON, OH 44310 CLOSED 9/28/2016	SUMMIT SALON ACADEMY 3330 PARKCREST LANE CINCINNATI, OH 45211 CLOSED 10/21/2016
Ohio Cosmo Beauty Academy 1113 Upper Valley Pike Springfield, OH 45504 Closed 3/1/2018	REGENCY BEAUTY INSTITUTE 4450 EASTGATE BLVD STE 260 CINCINNATI, OH 45245 CLOSED 9/28/2016	TRI COUNTY BEAUTY COLLEGE 155 NORTHLAND BLVD CINCINNATI, OH 45246 CLOSED 7/31/2017
OHIO COSMO BEAUTY ACADEMY LLC 6322 EAST LIVINGSTON AVE REYNOLDSBURG, OH 43068 Closed 3/30/2018	REGENCY BEAUTY INSTITUTE 155 GRACELAND BLVD COLUMBUS, OH 43214 CLOSED 9/28/2016	THE ARTISAN COLLEGE OF COSMETOLOGY LLC 1645 TIFFIN AVE FINDLAY, OH 45840 CLOSED 12/1/2017
GEORGIE INTERNATIONAL BEAUTY INSTITUTE 69 GRAHAM RD STE A CUYAHOGA FALLS, OH 44223 Closed 3/22/2018	REGENCY BEAUTY INSTITUTE 2040 MIAMISBURG CENTERVILLE RD DAYTON, OH 45459 CLOSED 9/28/2016	MIAMI-JACOBS CAREER COLLEGE 875 CENTRAL AVE SPRINGBORO, OH 45066 CLOSED 2/2017
EASTERN HILLS ACADEMY OF HAIR DESIGN 7681 BEECHMONT AVE CINCINNATI, OH 45255 CLOSED 5/2015	REGENCY BEAUTY INSTITUTE 1554 SPRING MEADOWS DR HOLLAND, OH 43528 CLOSED 9/28/2016	MIAMI-JACOBS CAREER COLLEGE 985 W MARKET ST TROY, OH 45373 CLOSED 2/2017
CAROUSEL BEAUTY COLLEGE 126 E 2ND ST DAYTON, OH 45402 CLOSED 9/6/2016	REGENCY BEAUTY INSTITUTE 5536 DRESSLER RD UNIT 9 CANTON, OH 44720 CLOSED 9/28/2016	MIAMI-JACOBS CAREER COLLEGE 6400 ROCKSIDE RD INDEPENDENCE, OH 44131 CLOSED 11/2017
CAROUSEL BEAUTY COLLEGE 1475 UPPER VALLEY PK RM 956 SPRINGFIELD, OH 45504 CLOSED 9/6/2016	REGENCY BEAUTY INSTITUTE 26508 LORAIN RD NORTH OLMSTED, OH 44070 CLOSED 9/28/2016	MERRILLVILLE BEAUTY ACADEMY 20880 SOUTHGATE PARKWAY MAPLE HEIGHTS, OH 44137 CLOSED 7/29/2016
CAROUSEL BEAUTY COLLEGE 633 S BREIEL BLVD MIDDLETOWN, OH 45044 CLOSED 9/6/2016	REGENCY BEAUTY INSTITUTE 11489 PRINCETON PIKE SPRINGDALE, OH 45246 CLOSED 9/28/2016	
CAROUSEL BEAUTY COLLEGE & THE SPA INSTITUTE 3076 WOODMAN DR KETTERING, OH 45420 CLOSED 9/6/2016	REGENCY BEAUTY INSTITUTE 34999 EUCLID AVE UNIT 25 WILLOUGHBY, OH 44094 CLOSED 9/28/2016	



**TO: MEMBERS OF THE OHIO HOUSE**

- On behalf of the nearly 25,000 members of the Ohio chapter of the National Federation of Independent Business (NFIB/Ohio), you are respectfully urged to [VOTE YES on Substitute House Bill 189 \(Roegner and Reece\)](#).
- Substitute House Bill 189 (HB 189) will help reduce barriers to employment for individuals seeking a career in the field of cosmetology, reducing the required number of hours to be eligible for licensure from 1,600 to 1,000. For perspective, Ohio requires a paramedic to have between 600 - 800 hours of training.
- HB 189 will make Ohio a leader in encouraging individuals to pursue a passion, do so in a reasonable timeframe, preserve public health and safety, all while helping to reduce potential student debt. Note that the 1,000 hours is simply a floor, not a ceiling. Individuals are free to obtain additional hours of training at their discretion to enhance their careers.
- We view HB 189 as an excellent first step in addressing Ohio's often burdensome licensure requirements for certain professions. As policymakers continue to advocate for opportunities to respond to employer needs, HB 189 will help the cosmetology industry meet its demands for qualified workers.
- You can be an EMT and save lives while only needing 800 hours of training, you can conduct million dollar home sales transactions with 120 hours, you can be responsible for children's lives, as a school bus driver, with 27 hours, and you can handle needles and blood with zero hours as a tattoo artist, but to be able to cut hair or apply skin products BIG state government says you must have 1500 hours of training!
- NFIB/Ohio may consider the vote on House Bill 189 a Key Small Business Vote of the 132<sup>nd</sup> General Assembly.

On behalf of Ohio's small-business community, NFIB/Ohio respectfully urges you to  
[VOTE YES on Substitute House Bill 189](#).



Chairman  
Larry Kidd  
Chairwoman  
Jeff Walters  
Chairwoman  
Andrew E. Doehrel

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Dynegy  
FirstEnergy Corp.  
Grange Insurance Companies  
Gulfport Energy Corporation  
Kinder Morgan  
Marathon Petroleum Company  
Mercy Health  
Nationwide  
Northeast Ohio Medical University  
Pentland, Inc.  
Plante Moran PLLC  
Reliable Staffing Services LLC  
Squire Patton Boggs LLP  
Zalno Hall & Farnin

February 28, 2018

The Honorable Louis W. Blessing III  
Chairman, House Government Accountability & Oversight  
Committee  
Ohio House of Representatives  
77 South High Street, 11<sup>th</sup> Floor  
Columbus, Ohio 43215  
*Via Email:*  
*GovernmentAccountability&OversightCommittee@ohiohouse.gov*

RE: House Bill 189 Support

Dear Chairman Blessing:

On behalf of the nearly 8,000 members of the Ohio Chamber of Commerce, I write to you in support of House Bill 189, legislation that makes changes to Ohio's cosmetology law and reduces the licensure training hours from 1,500 to 1,000. HB 189 is designed to provide economic competitiveness and workforce growth for Ohio.

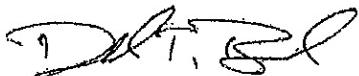
The Ohio Chamber of Commerce regularly tackles issues related to workforce development and business overregulation. Many times, our members express grave concern with the struggle to find qualified workers and that government regulations impede their ability to grow. An example of this is in the private cosmetology school setting where there is a requirement that an individual have 1,500 training hours before being able to sit for the state board examination. Many of these hours are spent in a classroom and not actually practicing the trade.

HB 189 is a common-sense reform that will translate into individuals achieving licensure more expeditiously. Salon owners throughout the state continue to cite staffing shortages and difficulty finding qualified employees that are not saddled with high student loan debt as chief concerns. Shortened cosmetology programs may translate into lower tuition costs and, in many cases, lower student loan debt. Lowering the barriers to entry, such a cost and a lengthy licensure process, can prevent individuals from foregoing cosmetology as a viable career path while not sacrificing quality.

Lastly, many salon owners are small businesses who already face a tremendous amount of regulation and red tape. The passage of HB 189 will send a clear message to these entrepreneurs that Ohio understands the challenges they face and wants to remove barriers to individuals entering this industry.

For these reason, we urge you to support HB 189. Please feel free to contact me if you have any questions regarding our opposition at [dboyd@ohiochamber.com](mailto:dboyd@ohiochamber.com) or (614) 629-0916.

Respectfully,



Don Boyd  
Director, Labor & Legal Affairs  
Ohio Chamber of Commerce

Opinion

## Charles A. Penzone: Bills would get more cosmetologists into workforce

Sunday

Posted Apr 8, 2018 at 5:00 AM

In Ohio, you can be an emergency medical technician after completing 800 hours of training, a police officer after 695 hours and a licensed practical nurse after 1,376 hours.

And to sit for a licensing exam to cut hair? Would you believe 1,500 hours of training?

Two bills are making their way through the Ohio General Assembly — House Bill 189 and Senate Bill 129 — that would reduce burdensome training requirements for those who want to work in Ohio's cosmetology industry. Both represent common-sense changes designed to put qualified people to work in good, in-demand jobs, more quickly. These changes are necessary, especially when employment of barbers, hairstylists and cosmetologists is projected to grow 13 percent from 2016 to 2026, faster than the average for all occupations, according to the U.S. Bureau of Labor Statistics.

As a salon owner for the past 50 years, I know how important it is to find qualified, well-trained professionals and how difficult it can sometimes be. Lowering the number of hours to 1,000 for students in all cosmetology schools has been supported by private schools of cosmetology, salon owners and licensees, and groups such as the Ohio Salon Association, The Institute for Justice, the Ohio Chamber of Commerce, the National Federation of Independent Businesses and The Buckeye Institute.

Those who get their training in vocational centers as part of a public high school education only receive around 1,000 hours of cosmetology specific training. Independent research has shown no justification for training in excess of the 1,000-hour mark before a cosmetologist begins working. Additional education is a good thing when it does not prevent someone from entering an industry.

These bills also make it easier to begin working in Ohio if you're licensed in another state by allowing work elsewhere to count toward Ohio licensing hours and removing the requirement that cosmetologists licensed in another state sit for the Ohio exam. It further helps encourage state-to-state license endorsement by changing from an Ohio-only licensing exam to a national exam that is approved and used throughout the country. A cosmetology license in Ohio will be treated much like a driver's license, which makes it easy to come to work here.

Updating the licensing requirements also has practical benefits for students. It not only encourages them to finish their programs by eliminating a strong source of frustration — the excessive time it takes to complete

them — but it also lowers the student loan debt the student will be burdened with as he or she starts working. In fact, students leave private cosmetology schools with between \$15,000 and \$30,000 in debt. Less time in school should equate to less student loan debt.

Cosmetologists have the potential to make more than \$100,000 annually after five to 10 years in the profession. But keeping them in a training program paying tuition for an additional 500 hours delays their accomplishment of their professional and financial goals.

Finally, the bills include criteria for allowing some students to fulfill part of their licensing requirement through apprenticeships, where they learn through hands-on, paid work under the tutelage of an experienced supervisor while still being required to complete additional classroom training. Salon owners rely on public and private cosmetology schools to produce the next generation of cosmetology licensees, but if private schools continue closing their doors (30 percent since May 2015), salon owners need the ability to sponsor apprenticeship programs to train their future workforce.

These bills don't eliminate the teaching of skills needed for professionalism, safety and health; they update them to make sense in today's job market. They also don't change the fact that cosmetologists need continuing education and training throughout their careers — cosmetologists still will need eight hours of professional education every two years to stay current.

I want to employ good people, provide good service and make my customers happy. Either of these bills would make it easier for me to find the people I need, when I need them, while removing barriers of entry for those who want to make their living in a professionally satisfying industry.

The General Assembly should pass these common-sense measures now.

*Charles A. Penzone is founder and chairman of Charles Penzone Inc.*

# The Columbus Dispatch

Opinion

## **Letter: Bills would benefit women, minorities**

Posted at 12:01 AM

Updated at 6:38 AM

Charles Penzone was absolutely right in his April 8 op-ed "Bills would get cosmetologists into workforce."

In Ohio, an EMT who makes life and death decisions receives less training than a cosmetologist in whose hands you place your hair. This is ridiculous and illustrates why Ohio needs to expand opportunities for women and minorities and remove barriers to employment.

Becoming a cosmetologist gives women and minorities — who compose the overwhelming majority of those in the industry — control over their own lives. That is why opposition to removing barriers for these people is so misguided.

It is shocking that opponents of reform, mostly for-profit schools, want to stop young people from getting hired more quickly while heaping mounds of debt on their shoulders and crushing their opportunities.

Policies harming the career opportunities for women and minorities in Ohio need to end. Helping cosmetologists is a good place to start. But it is only a start. There is much more to be done to expand the opportunities for success in Ohio and remove barriers to employment.

Quinn R. Beeson, The Buckeye Institute

Columbus



POSTED ON APRIL 21, 2018

## 1. Letter: Cosmetologists support change

LETTERS

The April 13 story concerning Senate Bill 129 ("Huffman tours Lima beauty school") reported on opposition to the bill while practically ignoring why Ohio Salons, cosmetologists and even schools support changes in the law.

First of all, there are not enough skilled cosmetologists to fill all the jobs available in Ohio. This is due to the significant number of private cosmetology school closings over the past few years and the barriers to entry erected by state licensing laws. I can speak from experience in this regard as a private school owner in the Lima area from 2002 to 2008. One of these barriers falls unfairly on private school students, who are forced to complete 1,500 hours of training while public vocational school students are considered fully trained after about 1,000. Never mind that success on the state cosmetology licensing exam and in the workplace is virtually identical for both private- and public vocational-school students.

Those who fear SB 129 and HB 189 will lead to lax health and safety measures in salons haven't read the bills. Both are explicit about the need to maintain high standards and include 26 hours of safety, health and infection control training; 10 hours of hair and scalp diseases training; and ongoing continuing education specifically for safety.

SB 129 and HB 189 provide the training necessary for students to be successful, remove unnecessary barriers, and help salons of all sizes find the highly skilled cosmetologists needed to fuel the economy and grow their businesses.

**Greg Stolly, Lima**

**Former Owner, The Ohio State Beauty Academy**

CRAIN'S

# Cleveland Business

Northeast Ohio's premier source for business news

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Originally Published: April 29, 2018 4:00 AM Updated: A day ago

**Letters to the editor: April 30, 2018**

**Regulatory overhaul needed in cosmetology**

I am a licensed hair stylist, business owner and educator with three decades of experience in the beauty industry, and, with my husband, own and operate Paul Mitchell The School private cosmetology schools in Cleveland and Columbus.

We love helping our passionate students learn their trade and want them to successfully enter the workforce to employ their skills as soon as they have the training and education they need. But our industry needs a regulation overhaul, and House Bill 189 and Senate Bill 129 in the Ohio General Assembly would do that by reforming the training requirements for Ohio cosmetology students.

Notably, students attending private cosmetology schools like ours are required to complete 1,500 hours of training before sitting for their licensing exam. But cosmetologists who attend public high school vocational centers are able to become licensed after about 1,000 hours of cosmetology specific training — which, according to independent research, is entirely sufficient.

Keeping cosmetologists in training programs longer than necessary delays their opportunities to gain real-world experience and earn the money they need to support themselves and their families, and I am fully confident that 1,000 required hours will equip them with the tools they need.

As a private school owner, I am passionate about providing our students with a solid foundation to make a good living and set themselves up for lives and careers of success.

I want to get more students through our program and into the Ohio workforce, and this legislation will help us do just that.

I urge the Ohio General Assembly to do what is best for our students and Ohio, and pass these bills immediately.

*NeCole Cumberlander  
Co-owner, Paul Mitchell The School  
(In Cleveland and Columbus)*

# Akron Beacon Journal/Ohio.com

Rowena Yeager: Common sense changes for cosmetology in Ohio

Rowena Yeager: Common sense changes for cosmetology in Ohio

Published: April 30, 2018 - 6:10 PM

By Rowena Yeager

Owning a salon in Twinsburg since 2001, with 30 years' experience as a stylist and now a member of the Ohio State Board of Cosmetology, I recognize the challenges in finding talented, hard-working cosmetologists to train and staff my business.

What I do see are today's repetitive educational regulations for students attending private cosmetology schools, as well as the burdensome requirements for cosmetologists wishing to obtain a license in Ohio when they move here from another state. These conditions don't help stylists successfully continue a career filled with employment opportunities.

Notably, students at private cosmetology schools must complete 1,500 hours of training before sitting for a cosmetology licensing exam, while the hours obtained for a vocational school stylist are around 1,000.

And my biggest interest in the cosmetology industry today is helping to create license reciprocity, or license endorsement, between states. Ohio's current laws make that difficult.

Fortunately, House Bill 189 and Senate Bill 129 are in the Ohio legislature, and if passed would reduce repetitive educational training and licensing requirements for those who want to work in the cosmetology industry. These bills are a practical approach to growing the state's job market and getting qualified people to work in strong, in-demand careers.

The bills would reduce the required training hours to 1,000 for all cosmetology schools, ensuring students complete these programs more quickly and with less student debt. Further, the bills would allow schooling and work hours in other states to count toward licensing in Ohio, and move Ohio to a standard national cosmetology exam.

These changes would create reciprocity, allowing out-of-state cosmetologists to quickly get licensed and working in Ohio when they move.

I have personal experience in this regard. My daughter attended cosmetology school in Utah and passed a licensing exam there with flying colors in 2012. When she returned to Ohio — because there is no reciprocity — it took two months and retaking the test in Ohio before she could receive her license and begin working here.

These proposed changes make sense. Again, those trained in public vocational centers currently receive around 1,000 hours of cosmetology-specific training, and the same two cosmetology manuals used across all schools in the country are based on a 1,000-hour program. I also understand it is my job as an employer to provide on-the-job extended education to my employees to further their skills. The knowledge I've gained over my career is more valuable as I share it, and my goal for each of my stylists is to set them up for success.

Finally, we need to get students into the workforce faster to help them develop the necessary skills. Both of these bills help to do that with provisions to allow apprenticeships. In that way, students can gain education toward receiving their license on the job while earning a wage.

I'm extremely excited to teach these apprentice employees in my own salon under my mentoring. Right now, when students attend school, they perform services and do not get paid. Loan debt in our country has become burdensome, and many times is not repaid by a student. These loans eventually default to the schools and then put the schools in a financial situation where they lose their funding and must close. There are seven more schools slated to close soon due to these circumstances.

The need for these changes is highlighted by the fact that the employment of barbers, hairstylists and cosmetologists is projected to grow faster than the average for all other occupations through 2026. And these bills have been supported by private and public schools of cosmetology, salon owners and licensees, and groups such as the Ohio Salon Association, the Institute for Justice, the Ohio Chamber of Commerce, the National Federation of Independent Business and the Buckeye Institute.

H.B. 189 and S.B. 129 also ensure that safety and sanitation are kept in the highest regard, both in holding salons accountable and in maintaining the education standards for safety and health within those 1,000 hours.

With these common sense regulations, we can prepare the next generation of talented cosmetologists and get Ohioans into their desired careers quickly, safely and with much success. The salon industry needs these changes, and our customers, as well as the state's workforce, will benefit from additional hard-working, ambitious stylists.

I urge members of the Ohio legislature to pass H.B. 189 and S.B. 129 now.

Yeager is the owner of the Studio Wish Salon in Twinsburg.

# The Marietta Times

## Ohio needs to ease cosmetology rules

Letters to the Editor

May 7, 2018

As the general manager of multiple salons in southeastern Ohio and West Virginia, we've been successful in growing our business and putting talented stylists to work across two states in this rewarding profession.

However, it's increasingly difficult for us to staff our Ohio locations, in part because it's so expensive and time consuming to obtain a cosmetology license in Ohio, and difficult to transfer an out-of-state license to this state.

House Bill 189 and Senate Bill 129 are in the Ohio General Assembly and will reduce the burdensome training requirements for those who want to work in Ohio's cosmetology industry, and make it easier to work in Ohio if licensed in another state.

I have first-hand experience in this regard, as I recently tried to bring a talented and experienced stylist from Florida to one of our salons in Ohio. Though she's been working in the industry since 1994, we were unable to get her an Ohio license unless she passed the entire cosmetology licensing exam. There were other delays as well, and after three months, we instead applied for a license in West Virginia. Within two hours, she was approved to begin work at one of our Wheeling locations.

Because of these ridiculous hurdles, the state and our Ohio customers lost out on a talented stylist.

These bills would greatly benefit those looking for jobs in Ohio, and allow us to draw talented, licensed workers from across the country to staff many of our Ohio locations. I strongly encourage the Ohio General Assembly to pass these bills now!

Teresa LeMasters

General Manager, Great Clips salons

R.L.O., Inc.

# Tribune Chronicle

## Support Ohio's cosmetology bills

Letters to the Editor

May 13, 2018

We are the owners of several hair salons in Trumbull, Mahoning and Lake counties, as well as in Pennsylvania, providing top-notch styling services to our customers and proudly employing more than 100 talented individuals in this rewarding profession.

While successful, it has become extremely difficult for us to staff our locations, in part, because it's so expensive and time consuming for students to obtain a cosmetology license in Ohio, and difficult to transfer an out-of-state license to Ohio.

House Bill 189 and Senate Bill 129 are pending in the Ohio General Assembly and will lessen excessive training requirements for those who want to work in Ohio's cosmetology industry, while making it easier to work in Ohio if licensed in another state. These bills would greatly benefit those looking for jobs in Ohio, and allow us to draw talented, licensed workers from Pennsylvania to staff our Ohio locations.

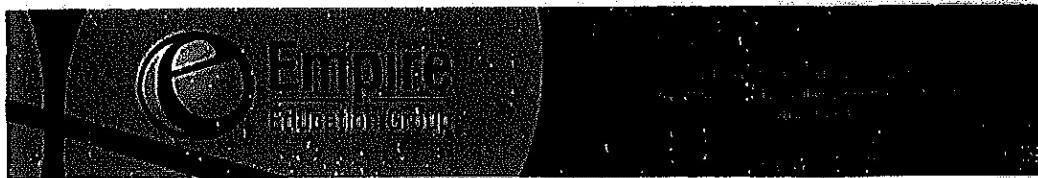
Ohio requires 1,500 hours of training to sit for a cosmetology licensing exam for students attending private cosmetology schools, even though students at public vocational schools need to complete around only 1,000 hours. Police officers for example train for only 695 hours.

These bills would reduce required hours to 1,000 for all schools, while maintaining the safety and skills training to keep customers safe. Meanwhile, cosmetologists licensed in another state can use their work hours elsewhere to count toward Ohio licensing, and would not need to sit for the Ohio exam.

These bills encourage job growth in Ohio, benefit small business owners and customers, and we strongly encourage the Ohio General Assembly to pass them now.

DANA and DEBBI DEVEREUX

Howland



May 22, 2017

**Re: Bill 189**

Dear Chairman Blessing, Vice Chair Rehneke, Ranking Member Clyde and members of the House Government Accountability and Oversight Committee,

My name is Frank Schoeneman and I am CEO of Empire Education Group. We operate 88 Campuses across 21 States that specialize in Cosmetology education programs. We train and educate students in programs that range in length from 1,000 hours to 1,800 hours. As a result, I feel that I am qualified to speak about the legitimacy regarding the length and efficiency of the programs within that range.

Bill 189 which is before you for consideration is an important, innovative piece of Legislation that is at the leading edge of a nationwide reform movement. There has been much conversation regarding this Bill. It is our belief that much of the objection to Bill 189 has been focused on protecting a model that has not been revised in a number of years. That alone should be motivation to look at reform. This Legislation looks to address millennial learners and above. With the proliferation of on-line information like Facebook, You Tube and other forms of multi media, students enter all forms of education with more than a pedestrian level of information about their career pursuits. That doesn't negate the necessity for the education; it's just a fact about our culture today.

Any claims that a reduction to 1,000 hour will compromise the education or put the general public at risk are, simply put, fabricated fantasy. We operate in two States that require a minimum of 1,000 hours and we have found that the quality of education is at least equal to that in our 1,500 or 1,800 hours states, largely because at the conclusion of their education *all* graduates are entry level employees. What we have not found is that there is a proliferation of health or safety concerns amongst clients.

A few things that bear noting:

1. We charge approximately \$12.00 per hour for our education. As a result, our overall, total charge by program is dictated by length of the state-mandated program.
2. We believe that streamlining and normalizing hours is the best strategy to pre-empt any attempts to deregulate our industry. De-regulation would be in our opinion, a real detriment to the safety and sanitation of salon clients.





3. 1,000 hours does not create a poorly trained entry level graduate. Poor programs and/or educators do.
4. A 1,000 hour minimum requirement still allows Institutions in Ohio to offer a 1,500 hour program if that is what they feel is best for their students. Student Aid Funding rules allow schools to offer the program at up to 150% of the minimum state requirement if they feel it is educationally justified. At Empire we have a time tested viable educational model for 1,000 hours. Passing this reform Bill allows us to reduce the hours by one third ... thereby reducing the time the students spend in school. The result would be less student debt when they graduate.
5. A 1,000 hour program will allow a student to graduate approximately 3-4 months sooner. This allows our students to get to the workplace sooner, allowing them to earn more income as opposed to being in school racking up more debt.

In closing, I applaud the Committee's Leadership for continuing to take bold steps as innovators in vocational education reform. Whether a graduate chooses to pursue work in a "Mom and Pop" salon, a High End Full Service Salon or a Chain Salon, a 1,000 hour education does not eliminate those choices for their professional endeavor.

Respectfully Submitted,

Franklin Schoeneman  
CEO/Chairman

**SUB. S.B. 135 (LAROSE)**  
*Implement voting machine acquisition program*

**Senate Co-Sponsors:** Eklund, Uecker, Brown, Skindell, Beagle, Gardner, Hackett, Hottinger, Kunze, Lehner, Manning, Oelslager, Peterson, Schiavoni, Sykes, Tavares, Terhar, Thomas, Wilson, Yuko

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**Bill History**

- 4/20/17 – Introduced
- 4/11/18 – Reported by Senate Finance Committee (4 hearings)(13-0)
- 4/11/18 – Passed Senate (32-1, Jordan)
- 5/23/18 – Reported by House Finance Committee (3 hearings)(27-0)
- 6/5/18 – House Floor vote pending

**Stakeholders**

<b>Proponent</b>	<b>Opponent</b>	<b>Interested Party</b>
<ul style="list-style-type: none"><li>• Stephanie Krider (Ohio Secretary of State) – <i>House &amp; Senate testimony</i></li><li>• Edward Leonard &amp; Timothy Ward (Ohio Association of Election Officials) – <i>House &amp; Senate testimony</i></li><li>• Gary Lee (Union County Commissioners) – <i>House &amp; Senate testimony</i></li><li>• Dan Troy (Lake County Commissioners) – <i>House &amp; Senate testimony</i></li><li>• Peg Rosenfeld – League of Women Voters – <i>House testimony</i></li></ul>	n/a	<ul style="list-style-type: none"><li>• Kurt Kauffman (Office of Budget and Management) – <i>Senate testimony</i></li><li>• Greg Lawson (The Buckeye Institute) – <i>Senate testimony</i></li></ul>

**Key Provisions**

**Voting machine acquisition program**

- Requires the Secretary of State to implement a program to facilitate the acquisition and funding of new voting systems for Ohio's counties, with the assistance of the Department of Administrative Services (DAS).
- Creates the Voting Machine Acquisition Advisory Committee for the purpose of advising the Secretary and DAS in the acquisition and funding of new voting systems.
- Requires the Office of Budget and Management, at the request of the Secretary, to make arrangements for the issuance of obligations in an amount not to exceed \$104.5 million to ensure the timely payment of the costs of the voting systems acquisition program.
- Allows the Secretary to enter into one or more lease purchase agreements or master lease purchase agreements, supplemental leases, subleases, and any other agreements necessary for the issuance of those obligations.

*Updated June 5, 2018*

- Requires the Secretary to give a base funding allocation to each county based on its population, plus an additional allocation based on the actual number of registered voters in the county as of July 1, 2017.
- Specifies that each participating board of elections must select voting machines and related services from the list of vendors and voting machines certified by the Board of Voting Machine Examiners.
- Requires the Secretary and the board of county commissioners to enter into an agreement concerning the acquisition of the voting system.
- Provides that the Secretary is the owner of the voting system while the obligations are outstanding and that the board of county commissioners owns the system thereafter.
- Requires the board of county commissioners to pay any amount that exceeds the county's allocated funds under the bill.

**Reimbursements for recent voting system purchases**

- Appropriates \$10 million from the General Revenue Fund to reimburse counties for voting system acquisitions or lease expenditures made on or after January 1, 2014, and before the bill takes effect, provided that the reimbursement does not exceed the county's allocation as determined under the bill.

**Effective date and referendum**

- States that the bill's provisions are exempt from the referendum and take effect immediately, except that the section concerning the obligations is subject to the referendum and therefore takes effect on the 91st day after the bill is filed with the Secretary.

**Additional Information**

- **House Finance Committee amendment:**
  - **AM 2098-1 (Arndt)** – The amendment changes how the \$10 million appropriation to reimburse counties that have recently bought voting equipment will be allocated. The money will go through Controlling Board instead of a separate line item. The amendment was approved without objection.
- **Fiscal Note & Local Impact Statement:**
  - The bill provides \$104.5 million in fractionalized interests in public obligations (Certificates of Participation, or COPs) for the Secretary of State to acquire new voting machines and related services. The proceeds will be used to assist counties to pay for these acquisitions and be allocated to counties in a formula established in the bill.
  - The bill provides \$10 million in GRF funding in under newly created Controlling Board appropriation item 911917, Voting and Tabulation Equipment Reimbursement, to assist counties in paying the costs of new voting and tabulation equipment bought after January 1, 2014 and before the effective date of the bill. Counties would be eligible for reimbursement for a portion of the costs determined by a formula described in the bill.
- **Policy staff:** Dan Baker, Budget Director: (614) 644-2235, [dan.baker@ohiohouse.gov](mailto:dan.baker@ohiohouse.gov); Heather Blessing, 614.466.9194 (Office); 614.352.5819 (Cell); [Heather.Blessing@ohiohouse.gov](mailto:Heather.Blessing@ohiohouse.gov)

Caucus Agenda  
Wednesday, June 6, 2018  
7:00 PM

I. Speaker's Remarks

II. Floor Calendar

- a. House Bill 407 – Rep. Seitz, Dever
- b. House Bill 297 – Rep. Hagan
- c. House Bill 391 – Rep. Merrin
- d. House Bill 433 – Reps. Kelly, Brinkman
- e. House Bill 414 – Rep. Schaffer
- f. House Bill 464 – Reps. Lipps, Antonio
- g. House Bill 491 – Rep. Edwards
- h. House Bill 535 – Rep. Gavarone
- i. House Bill 315 – Rep. Arndt
- j. House Bill 123 – Reps. Koehler, Ashford
- k. House Bill 456 – Rep. Sprague
- l. House Bill 411 – Reps. Seitz, Sykes
- m. House Resolution 298 – Reps. Sprague, Hill
- n. Senate Bill 139 – Sens. Skindell, Eklund

- o. Senate Bill 163 – Sen. Wilson
- p. Senate Concurrent Resolution 15 – Sens. O'Brien, Wilson
- q. Senate Bill 135 – Sen. LaRose

III. Concurrence Votes

- a. House Bill 8 – Reps. Hambley, Rezabek
- b. House Bill 21 – Rep. Hambley
- c. House Bill 111 – Reps. Carfagna, Ryan
- d. House Bill 133 – Rep. Ryan
- e. House Bill 159 – Rep. Riedel
- f. House Bill 225 – Rep. Thompson
- g. House Bill 229 – Reps. Romanchuk, Wiggam
- h. House Bill 292 – Rep. Scherer
- i. House Bill 332 – Rep. Antani
- j. House Bill 336 – Rep. Gavarone
- k. House Bill 438 – Reps. Hambley, Kick
- l. House Bill 430 – Rep. Schaffer

IV. Adjournment

**SUB. H.B. 21 (HAMBLEY)**  
**Verify community school enrollments**

**House Co-Sponsors:** Duffey, Hill, Riedel, Johnson, G., Miller, Rogers, Brenner, Fedor, Cupp, Galonski, Ingram, Manning, Patterson, Anielski, Antonio, Barnes, Boyd, Brown, Celebreeze, Clyde, Craig, Edwards, Faber, Ginter, Greenspan, Holmes, Howse, Hughes, Johnson, Kelly, Kick, Koehler, Lang, Leland, Lepore-Hagan, Perales, Ramos, Rezabek, Ryan, Schaffer, Sheehy, Smith, K., Smith, R., Stein, Strahorn, Sweeney, West, Young  
**Senate Co-Sponsors:** Manning, Balderson, Beagle, Dolan, Eklund, Gardner, Hackett, Hoagland, Kunze, Lehner, Oelslager, Tavares, Terhar, Thomas

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**Bill History**

- 2/1/2017 – Introduced
- 11/28/2017 – Reported as a substitute bill from House Education and Career Readiness Committee (16-0) (5 Hearings)
- 12/13/2017 – House Floor Vote (94-0)
- 5/23/2018 – Reported out of Senate Education Committee (10-0) (6 Hearings)
- 5/23/2018 – Senate Floor Vote (32-0)

**Stakeholders**

<b>Proponent</b>	<b>Opponent</b>	<b>Interested Party</b>
<ul style="list-style-type: none"><li>• Matt Dotson (Ohio Education Association)</li><li>• Auditor of State Dave Yost</li><li>• OASBO</li><li>• BASA</li><li>• OSBA</li><li>• Sandy White (Findlay City Schools)</li><li>• Jamie Williamson (Marburn Academy)</li><li>• Lou Salza (Lawrence School)</li><li>• Andrew Minton (K12)</li></ul>		<ul style="list-style-type: none"><li>• Ron Adler (Ohio Coalition for Quality Education)</li><li>• Michael Uhrin &amp; John Uhrin (K12 School Consultants, LLC)</li><li>• Jennifer Schorr (Ohio Assn. of Charter School Authorizers)</li></ul>

**Key Provisions**

- Requires the community school, instead of a school district, to verify a community school student's resident district on an annual basis and upon the enrollment of a student.
- Requires community schools, instead of school districts, to conduct monthly reviews of the residency records of its students.
- Permits school districts to review a community school's residency records and enrollment verifications.
- Requires, instead of permits as under current law, community schools to adopt a policy that prescribes the number of documents needed to initially verify a student's residency.
- Requires community schools to adopt a policy that prescribes the information needed to annually verify a student's residency.
- Specifies that the contract between the sponsor and governing authority of a community school must include policies regarding changes in residence and address verification.

#### **Additional Information**

- **Substitute Bill (L\_132\_0083-6)** – reflected in “Key Provisions”
- **Senate Amendments**
  - AM1382-1 – This amendment would exempt a private school solely serving at least 95% of students with disabilities for at least 10 years from taking the state assessments. Also, the amendment requires the school to make available to the department at least five years of records of internal testing for accountability purposes.
  - AM1603 – Eliminates the EMIS Advisory Board and replaces with EMIS Advisory Council within ODE.
  - AM2168 - This amendment provides for a 30-day public comment period on the proposed community/charter school sponsor evaluation framework.
  - AM2023 – Places a three-year moratorium on requiring schools (public & private), whom have not already installed a storm shelter in their building.
- **Policy Advisor:** Nick Derksen, 614.466.2361 (Office); 937.602.2174 (Cell); [nick.derkSEN@ohiohouse.gov](mailto:nick.derkSEN@ohiohouse.gov)

**SUB. H.B. 159 (RIEDEL)**  
Designate Drive Ohio Byways Month

**House Co-Sponsors:** Hambley, Sweeney, Brenner, Dean, Cupp, Reineke, Blessing, Lepore-Hagan, K. Smith, Goodman, Thompson, Green, Greenspan, Sheehy, DeVitis, Householder, Hughes, Johnson, Reece, West, Antonio, Ashford, Barnes, Brown, Craig, Faber, Galonski, Gavarone, Ginter, Holmes, Landis, Lang,

LaTourette, O'Brien, Patterson, Rogers, Romanchuk, Ryan, Strahorn, Young  
**Senate Co-Sponsors:** LaRose, Kunze, Manning, Brown, Tavares, Bacon, Coley, Dolan, Hackett,

**Huffman, O'Brien, Peterson, Schiavoni, Sykes, Thomas, Uecker, Wilson, Yuko**

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**Bill History**

- 3/28/17 – Introduced
- 5/24/17 – House Transportation and Public Safety Committee (2 Hearings), (15-0)
- 9/20/2017 – House Floor Vote (93-0)
- 4/18/2018 – Reported unanimously from Senate Transportation, Commerce and Workforce (3 Hearings)
- 5/16/2018 – Senate Floor Vote (32-0)
- Pending House Concurrence

**Stakeholders**

Proponent	Opponent	Interested Party
<ul style="list-style-type: none"><li>• Donna Grube (Auglaize &amp; Mercer Counties Convention and Visitors Bureaus)</li><li>• Linda Baker (Delphos Canal Commission)</li><li>• Tina Knotts (Big Darby Plains Scenic Byway)</li><li>• Judy Bratten (Historic Fort Steuben &amp; Visitor Center)</li><li>• Michael Burkholder (City of St. Mary's)</li><li>• Steven Dorsten (Miami &amp; Erie Canal Corridor Association)</li><li>• Larry Fletcher (Lake Erie Shore and Islands)</li></ul>		

<ul style="list-style-type: none"><li>• William Flood (Whitehall Historical Society)</li><li>• Jeanne Jindra (Welsh Scenic Byway)</li><li>• Shasta Mast (Holmes County Chamber of Commerce)</li><li>• Debbie Robinson (Cambridge/Guernsey County Visitors &amp; Convention Bureau)</li><li>• Stephanie Siegel (Ashtabula County Convention &amp; Visitors Bureau)</li><li>• Martha Starkey (Wayne County Convention &amp; Visitors Bureau)</li></ul>		
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#### **Key Provisions**

- Designates May as "Drive Ohio Byways Month" because May is the start of tourism season in Ohio.

#### **Additional Information**

- **Senate Amendments**
  - Incrementally increases the required contribution for "Fraternal Order of Police" nonstandard license plates from \$2 to \$5 beginning on the bill's effective date, and from \$5 to \$8 two years later. (The license plate is available to Fraternal Order of Police members and contributions are used for purposes of that organization).
- **Policy Advisor:** Nick Derksen, 614.466.2361 (office), 937.602.2174 (cell), [Nick.Derksen@ohiohouse.gov](mailto:Nick.Derksen@ohiohouse.gov)

**SUB. H.B. 438 (HAMBLEY, KICK)**  
**Address composition of educational service centers**

**House Co-Sponsors:** Seitz, Brenner, Stein, Anielski, Antonio, Greenspan, Householder, Landis, Rogers, Smith, R., Strahorn, West, Wiggam  
**Senate Co-Sponsors:** Beagle, Brown, Dolan, Eklund, Huffman, Lehner, Manning, Obhof, O'Brien, Tavares, Thomas, Yuko

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**Bill History**

- 12/4/2017 – Introduced
- 1/30/2018 – Reported unanimously out of House Education and Career Readiness Committee  
(4 Hearings)
- 3/21/2018 – Introduced (Senate)
- 5/16/2018 – Reported unanimously out of Senate Education (2 Hearings)
- 5/23/2018 – Senate Floor Vote (31-0)

**Stakeholders**

<b>Proponent</b>	<b>Opponent</b>	<b>Interested Party</b>
<ul style="list-style-type: none"><li>• Craig Burford (Ohio ESC Association)</li><li>• William Koran (ESC of Medina County)</li></ul>		

**Key Provisions**

- Permits a "local" school district to sever its territory from its current educational service center (ESC) and annex its territory to an adjacent ESC, so long as that district severed and annexed its territory under a substantially similar provision of law that was repealed in 2011.
- Permits the governing board of any ESC (rather than only the governing board of a joint ESC) to add appointed members to the board.

**Additional Information**

**House Amendments**

- AM1276 – Retains current law allowing governing boards to appoint members from the

general public based on their knowledge, experiences and skillset, and requires they

adhered to the same ethics laws and standards of conduct as the publicly-elected.

members of the board.

- **AM1265-2** – Allows all ESCs to establish Local Professional Development Committees serving educators not employed in Ohio's schools for the purpose of reviewing the coursework, continuing education units, or other equivalent activities related to classroom teaching or the area of licensure that is proposed by individuals for the purpose of maintaining professional licensure.

**Senate Amendments**

- **AM1989-1** – OFCC must conduct at least three rounds of grant funding for high-performing community school distribution, using \$3.8 million left over from previous rounds. A community school that has received funding in the past shall still be eligible for the funding, if the school chooses to apply.
- **Policy Advisor:** Nick Derksen, 614.466.2361 (Office); 937.602.2174 (Cell); [nick.derksen@ohiohouse.gov](mailto:nick.derksen@ohiohouse.gov)

## H.B. 133 (Ryan)

### Exempt out-of-state disaster relief persons from taxes and laws

**House Co-Sponsors:** Hambley, Hill, Carfagna, Seitz, Schaffer, Lipps, Arndt, Green, Ginter, Slaby, Cupp, Dean, Reineke, Miller, Anielski, Antani, Antonio, Ashford, Barnes, Blessing, Brown, Craig, Duffey, Fedor, Galonski, Gayarone, Greenspan, Holmes, Howse, Hughes, Kennedy Kent, Rep. Kick, Rep. Koehler, Rep. Lanese, Lang, LaTourette, Leland, Lepore-Hagan, Manning, McColley, Merrin, O'Brien, Patterson, Patton, Pelanda, Perales, Rezabek, Riedel, Roegner, Rogers, Schuring, Sheehy, Smith, Sprague, Stein, Sweeney, West, Wiggam, Young

**Senate Co-Sponsors:** Sen. Terhar, Sen. Eklund, Sen. Beagle, Sen. Burke, Sen. Coley, Sen. Dolan, Sen. Gardner, Sen. Hackett, Sen. Hoagland, Sen. Hottinger, Sen. LaRose, Sen. Lehner, Sen. O'Brien, Sen. Oeslager, Sen. Peterson, Sen. Schiavoni, Sen. Sykes, Sen. Tavares, Sen. Thomas, Sen. Wilson, Sen. Yuko

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### Bill History

- 3/16/17—Introduced
- 6/21/17—Unanimously reported by House Public Utilities Committee
- 9/13/17—Passed House 97-0
- 5/16/18—Reported substitute by Senate Ways and Means Committee
- 5/16/18—Passed Senate 32-0

### Stakeholders

Proponent	Opponent	Interested Party
<ul style="list-style-type: none"><li>• Joe Hollabaugh (OEUI)</li><li>• Jimmy Stewart (Ohio Gas Association)</li><li>• Jonathon McGee (Ohio Cable Telecommunications Association)</li><li>• Charles Moses (Ohio Telecommunications Association)</li><li>• Micah Derry (Americans for Prosperity)</li><li>• Chris Ferruso (NFIB)</li></ul>		<ul style="list-style-type: none"><li>• Greg Lawson (Buckeye Institute)</li><li>• Kent Scarrett (Ohio Municipal League)</li></ul>

<ul style="list-style-type: none"> <li>• Keith Lake (Ohio Chamber of Commerce)</li> <li>• Jason Kershner (Cincinnati USA Regional Chamber of Commerce)</li> <li>• Bo Keck (Muskingum County Emergency Management Agency)</li> <li>• Jeff McElroy (American Red Cross of Central Ohio)</li> </ul>		
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#### **Key Provisions**

- Exempts from state and municipal income taxes any income received by an out-of-state disaster business or qualifying out-of-state employee for work repairing public utility or communications infrastructure damaged by a declared disaster during a defined period of time pursuant to a formal solicitation.
- Exempts from the commercial activity tax any gross receipts received by an out-of-state disaster business for repairing such infrastructure during such a period.
- Exempts from state and local use taxes the temporary use in Ohio of any equipment by an out-of-state disaster business to repair such infrastructure.
- Exempts from any state or local occupational licensing requirements certain out-of-state disaster businesses and qualifying out-of-state employees performing disaster work in Ohio during such a period.
- Exempts from Ohio's workers' compensation and unemployment compensation laws out-of-state employees performing disaster work in Ohio during such a period.
- Provides that an out-of-state disaster business or out-of-state employee engaging in disaster work in Ohio during such a period is not required to file any business documents in Ohio before engaging in the disaster work.
- Modifies the calculation of the interest penalty imposed for the underpayment or nonpayment of estimated state income tax installments.

#### **Additional Information**

- Senate Ways and Means Committee added provision modifying the calculation of the interest penalty imposed for underpayment or nonpayment.
- **Policy Advisor:** Jimmy Wolf, 614-466-6505, [jimmy.wolf@ohiohouse.gov](mailto:jimmy.wolf@ohiohouse.gov)

## **HB 225 (Thompson)**

### **Regards plugging idle or orphaned wells**

**House Co-sponsors:** Rep. Hambley, Rep. Householder, Rep. Stein, Rep. Brenner, Rep. Riedel, Rep. Dean, Rep. Schaffer, Rep. Seitz, Rep. Keller, Rep. Edwards, Rep. Greenspan, Rep. Patterson, Rep. Wiggam, Rep. Rutherford, Rep. Ginter, Rep. Barnes, Rep. Young, Rep. Romanchuk, Rep. Landis, Rep. Kick, Rep. Patton, Rep. Faber, Rep. West, Rep. Boccieri, Rep. Hagan, Rep. O'Brien, Rep. Gavarone, Rep. Anielski, Rep. Antonio, Rep. Arndt, Rep. Boyd, Rep. Carfagna, Rep. Craig, Rep. Green, Rep. Holmes, Rep. Hoops, Rep. Johnson, Rep. Kennedy Kent, Rep. Lang, Rep. LaTourette, Rep. Lepore-Hagan, Rep. Manning, Rep. Miller, Rep. Pelanda, Rep. Reineke, Rep. Roegner, Rep. Rogers, Rep. Ryan, Rep. Schuring, Rep. Sheehy, Rep. Slaby, Rep. Smith, Rep. Smith, Rep. Sprague, Rep. Sweeney, Rep. Vitale

**Senate Co-sponsors:** Sen. Gardner, Sen. Hoagland, Sen. LaRose, Sen. Balderson, Sen. Burke, Sen. Coley, Sen. Dolan, Sen. Eklund, Sen. Hackett, Sen. Hottinger, Sen. Huffman, Sen. Jordan, Sen. Kunze, Sen. Lehner, Sen. Obhof, Sen. O'Brien, Sen. Oelslager, Sen. Peterson, Sen. Schiavoni, Sen. Tavares, Sen. Terhar, Sen. Thomas, Sen. Williams, Sen. Yuko

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### **Bill History**

- 5/16/17—Introduced
- 1/17/18—Reported substitute from House Energy and Natural Resources Committee (12-0)
- 1/17/18—Passed House 96-0
- 5/16/18—Reported substitute from Senate Energy and Natural Resources Committee
- 5/23/18—Passed Senate 32-0

### **Stakeholders**

<b>Proponents</b>	<b>Opponents</b>	<b>Interested Party</b>
<ul style="list-style-type: none"><li>• Jenna Beadle (Ohio Farm Bureau Federation)</li><li>• Shawn Bennett (Ohio Oil and Gas Association)</li><li>• Melanie Houston (Ohio Environmental Council Action Fund)</li><li>• William Kinney (Summit Petroleum)</li><li>• Rebecca Clutter</li></ul>		<ul style="list-style-type: none"><li>• Timothy S. Keen (Office of Budget Management)</li><li>• Rick Simmers (Ohio Department of Natural Resources)</li></ul>

• Jerry James (Artex Oil Company)		
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### **Key Provisions**

- Authorizes a landowner who discovers an idle and orphaned well to report the existence of that well to the Chief of the Division of Oil and Gas Resources Management in the Department of Natural Resources.
- Requires the Chief to inspect a well reported by a landowner within 30 days after the date the landowner reports the existence of that well.
- Requires the Chief of the Division of Oil and Gas Resources Management to do both of the following:
  - Establish a scoring matrix for idle and orphaned wells; and
  - Use the matrix to determine the priority of plugging wells or restoring land surfaces at idle and orphaned well sites that includes a classification system that categorizes those wells as distressed high priority, moderate medium priority, and maintenance low priority.
- Requires 30% of the revenue credited to the Oil and Gas Well Fund to be used by the Chief for purposes associated with plugging idle and orphaned wells, rather than 14% as under current law.
- Increases appropriations in FY 2019 under the Oil and Gas Well Fund for oil and gas well plugging by \$7.0 million to a total of \$15.0 million.
- Revises notice requirements and procedures that the Chief must follow once the Chief has determined that a well is idle and orphaned, and notice requirements applicable when the Chief is authorized to expend money to plug a well.
- Alters the time frame by which the holder of a lien on equipment appurtenant to an idle and orphaned well must act to properly plug the well before the equipment is forfeited to the state from 60 days after receiving notice from the Chief to 30 days after receiving the notice.
- Authorizes the Chief to make expenditures to plug an idle and orphaned well pursuant to contracts entered into by other state agencies, and specifies that if another agency contracts for the work, the Chief must prepare the scope of work for the restoration or plugging.
- Eliminates a requirement that a contractor obtain and provide a bid guaranty, surety bond, or letter of credit when bidding for contracts with the Chief to plug an idle and orphaned well.
- Requires a contractor hired by a landowner to plug an idle and orphaned well to be insured and bonded.

- Specifies that, with regard to an idle and orphaned well, a landowner is not required to pay the permit application fee otherwise required to be paid by a person who plugs a well.
- Authorizes the Chief to reject an application to plug an idle and orphaned well if the Chief determines that plugging of other wells takes priority.
- Requires the Chief, once plugging has been properly completed, to pay the contractor for the cost of plugging and restoration rather than requiring the Chief to reimburse the landowner after the landowner has paid the contractor.
- Requires the Chief to fulfill quarterly and annual reporting requirements regarding plugging activities.

**Additional Information**

- **Senate Amendments**
  - Reduced percentage of revenue from 45% to 30%
  - Requires report to be provided to Senate President and Senate Chairperson for committee responsible for energy and natural resources
  - Increases appropriations in FY19 under the Oil and Gas Well Fund for oil and gas well plugging by \$7 million to a total of \$15 million
  - Removed provision of as passed by House version precluding use of money in the Oil and Gas Well Fund from being used to satisfy judgements and settlements against the state provided in Am. Sub. HB 49
  - Removed provision of as passed by House version precluding cash transfers from the Oil and Gas Well Fund to the General Revenue Fund under authorization granted in Am. Sub. HB 49.

**Policy Advisor:** Jimmy Wolf, 614-466-6505, [jimmy.wolf@ohiohouse.gov](mailto:jimmy.wolf@ohiohouse.gov)

**H.B. 111 (CARFAGNA, RYAN)**

**Authorize nurses to compel mental health evaluations**

**House Co-Sponsors:** Brenner, Butler, Cupp, Dever, Duffey, Goodman, Hambley, LaTourette, Riedel, Schaffer, Seitz, Stein, Wiggam, Young, Holmes, O'Brien, Bishoff, Anielski, Antonio, Arndt, Blessing, Boccieri, Boyd, Celebrezze, Clyde, Craig, Edwards, Fedor, Gavarone, Ginter, Green, Greenspan, Householder, Howse, Huffman, Ingram, Keller, Kennedy-Kent, Kick, Landis, Leland, Lepore-Hagan, Manning, Miller, Patton, Pelanda, Perales, Ramos, Reece, Reineke, Rogers, Scherer, Sprague, Strahorn, Sweeney, West

**Senate Co-Sponsors:** Brown, Burke, Eklund, Hackett, Hoagland, Kunze, Lehner, O'Brien, Schiavoni, Sykes, Tavares, Thomas, Yuko

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**Bill History**

- 3/29/2017 –House Health Committee (2 Hearings), (18-0)
- 3/30/2017 – House Floor Vote (96-0)
- 5/22/2018 – Senate Health, Human Services, and Medicaid Committee (7 Hearings), (10-0)
- 5/23/2018 – Senate Floor Vote (32-0)
- House Concurrence Vote (*pending*)

**Stakeholders**

<b>Proponent</b>	<b>Opponent</b>	<b>Interested Party</b>
<ul style="list-style-type: none"><li>• Cathy Rinehart, CNP (Ohio Association of Advanced Practice Nurses)</li><li>• Christine Dombroski</li></ul>	<ul style="list-style-type: none"><li>• None</li></ul>	<ul style="list-style-type: none"><li>• None</li></ul>

**Key Provisions**

- Requires, beginning 12 months after the bill's effective date, that all types of opioid treatment programs (OTPs), rather than only methadone treatment programs, be licensed by the Ohio Department of Mental Health and Addiction Services (ODMHAS).
- Specifies that failure to obtain OTP license when required to do so is a fifth degree felony.
- Applies to methadone treatment programs, for the 12-month period that ODMHAS continues to issue licenses to maintain methadone treatment, the same program location and adverse action look-back period requirements the bill applies to OTPs.

- Makes conforming changes to account for the replacement of the license to maintain methadone treatment with the license to operate an OTP.
- Generally prohibits, beginning 15 months after the bill's effective date, a person or government entity from providing three types of services (withdrawal management addiction services provided in settings other than acute care hospitals, addiction services provided in a residential treatment setting, and outpatient addiction services) unless the services have been certified by the ODMHAS Director.
- Specifies that violation of the prohibition is a fifth degree felony.
- Authorizes ODMHAS and its Director to take actions needed to prepare for the mandatory certification of these services and the replacement of the methadone treatment program licensure with OTP licensure.
- Permits a clinical nurse specialist or certified nurse practitioner who is certified as a psychiatric-mental health nurse to have an individual involuntarily hospitalized for mental health treatment in an emergency.
- Authorizes an APRN who is a certified nurse practitioner specializing in mental health to enter into agreement standard care arrangement with a psychiatrist, pediatrician, or primary care or family care physician.
- Authorizes an APRN to refer a patient to a physician or podiatrist who is not the collaborating practitioner and to consult with a noncollaborating practitioner.
- Re-enacts provisions, repealed in 2013, that exempted certain "grandfathered" APRNs from having to meet educational and examination requirements generally required for licensure.
- Authorizes the grandfathered APRNs to meet different advanced pharmacology documentation requirements than similar in-state licensure applicants.
- Declares an emergency with respect to the provisions pertaining to grandfathered APRN applicants.
- Reduces to six (from twelve) the minimum number of months that an applicant for dialysis technician licensure must have performed dialysis care as a condition of attaining licensure.
- Extends to two years (from one) the license renewal period for orthotists, prosthetists, and pedorthists.
- Requires the Occupational Therapy, Physical Therapy, and Athletic Trainers Board to adopt rules establishing a specific license renewal schedule for those practitioners, as well as continuing education requirements, to account for the extension of the license renewal period.
- Eliminates the requirement that each physician assistant supervision agreement be submitted to, and reviewed by, the Medical Board.
- Increases to \$5,000 (from \$1,000) the amount of the civil penalty that the Medical Board may impose if it finds that a physician failed to comply with the law governing those supervision agreements.
- Makes changes to the law governing the State Medical Board's issuance or renewal of certain licenses, certificates, or permits, including physician training

certificates, podiatrist licenses, and limited permits to practice respiratory care and to Medical Board investigatory procedures.

- Authorizes a board of county hospital trustees of a charter county hospital to purchase, acquire, lease, construct, own, operate, or manage hospital facilities in a county contiguous to a charter county.
- Specifies that a community addiction services provider is ineligible for OTP licensure for three years after having had an adverse action taken against it.
- Prohibits a proposed OTP from being located within 500 feet of a school, child day care center, or child-serving agency regulated by ODMHAS.
- Specifies other requirements for the OTP license that are generally similar to existing requirements for licensure of methadone treatment programs.
- Gives ODMHAS authority to conduct OTP inspections, enforcement actions, and other responsibilities similar to the existing authority it exercises in regulating methadone treatment programs.

#### **Additional Information**

- **Summary of Senate Changes**
  - Authorizes clinical nurse specialists, certified nurse-midwives, or certified nurse practitioners to refer a patient to and consult with a physician or podiatrist who is not the nurse's collaborating practitioner.
  - Specifies that a certified nurse practitioner who is certified in psychiatric-mental health may enter into a standard care arrangement with a psychiatrist (as opposed to a "physician who practices in the same specialty"). Also permits the nurse to enter into a standard care arrangement with a pediatrician, primary care physician, or family practice physician.
  - Specifies other requirements for an OTP license that are generally similar to existing requirements for the license to maintain methadone treatment.
  - Re-enacts provisions, repealed in 2013, that grandfathered certain APRN license applicants from meeting educational and examination requirement generally required for licensure.
  - Provides that these provisions take immediate effect
  - Clarifies that certain out-of-state APRN licensure applicants, including those who worked as federal employees, are subject to different pharmacology documentation requirements than in-state applicants.
  - Authorizes the grandfathered applicants (described above) to submit alternative evidence of meeting existing pharmacology requirements
  - Provides that these provisions take immediate effect.
  - Requires, beginning 12 months after the bill's effective date, that all types of OTPs, rather than only methadone treatment programs, be licensed through the Ohio Department of Mental Health and Addiction Services (ODMHAS).
  - Specifies that a community addiction services provider is ineligible for OTP licensure for three years (instead of five years, as currently

- applicable to methadone treatment programs) after having had an adverse action taken against it.
- Prohibits a proposed OTP from being located within 500 feet of property containing a school, child day-care center, or child-serving agency regulated by ODMHAS.
  - Specifies other requirements for an OTP license that are generally similar to existing requirements for the license to maintain methadone treatment.
  - Gives ODMHAS authority to conduct OTP inspections, enforcement actions, and other responsibilities similar to its existing authority for methadone treatment programs.
  - Specifies that failure to obtain the license to operate an OTP when required to do so is a fifth-degree felony.
  - Applies to methadone treatment programs, for the 12-month period that ODMHAS continues to issue licenses to maintain methadone treatment, the same
  - program location requirements and adverse action look-back period that the bill applies to OTPs.
  - Generally prohibits, beginning 15 months after the bill's effective date, a person or government entity from providing withdrawal management addiction services provided in settings other than acute care hospitals, addiction services provided in a residential treatment setting, and outpatient addiction services unless the services have been certified by the Director of Mental Health and Addiction Services.
  - Specifies that violation of the prohibition is a fifth-degree felony.
  - Reduces to six (from 12) the minimum number of months that an applicant for dialysis technician licensure must have performed dialysis care as a condition of attaining licensure.
  - Extends to two years (from one) the license renewal period for orthotists, prosthetists, and pedorthists.
  - Requires the Occupational, Physical Therapy, and Athletic Trainers Board to adopt rules to account for the extension of the license renewal period.
  - Requires the Board to adopt rules for continuing education, in place of specific statutory requirements.
  - Eliminates the existing requirement that each physician assistant supervision agreement be submitted to, and reviewed by, the Medical Board.
  - Increases to \$5,000 (from \$1,000) the amount of the civil penalty that the Medical Board may impose if it finds that a physician failed to comply with the law governing those supervision agreements.
  - Makes changes to law governing the Medical Board's issuance or renewal of certain licenses, certificates, or permits, including physician training certificates, podiatrist licenses, and limited permits to practice respiratory care and to Medical Board investigatory procedures.

- Authorizes a board of county hospital trustees of a charter county hospital to purchase, acquire, lease, construct, own, operate, or manage hospital facilities in a county contiguous to a charter county.
- Modifies an allocation made to children's crisis care facilities in the main appropriations act for the 132nd General Assembly, Am. Sub. H.B. 49.
- **Policy Advisor:** Steven Alexander, 740-804-3213,  
[steven.alexander@ohiohouse.gov](mailto:steven.alexander@ohiohouse.gov)

**H.B. 332 (ANTANI)**  
**Regards anatomical gifts, transplants, and discrimination**

**House Co-Sponsors:** Leland, West, Ingram, Kennedy-Kent, Keller, Lipps, Zeltwanger, Vitale, Romanchuk, Riedel, Becker, Huffman, LaTourette, Anielski, Antonio, Arndt, Ashford, Barnes, Boccieri, Boyd, Brenner, Brown, Butler, Carfagna, Celebrezze, Craig, Dean, Edwards, Galonski, Gavarone, Ginter, Greenspan, Hagan, Hambley, Henne, Hill, Holmes, Hoops, Householder, Hughes, Johnson, Kick, Koehler, Landis, Lanese, Lepore-Hagan, McClain, Miller, O'Brien, Patterson, Patton, Perales, Rezabek, Rogers, Ryan, Schaffer, Sheehy, Slaby, Smith, Sprague, Stein, Strahorn, Thompson, Wiggam, Young  
**Senate Co-Sponsors:** Hackett, Balderson, Burke, Coely, Dolan, Eklund, Gardner, Hoaglan, Huffman, Kunze, LaRose, Lehner, Manning, Objof, O'Brien, Oelslager, Peterson, Schiavoni, Sykes, Tavares, Terhar, Thomas, Uecker, Yuko

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**Bill History**

- 11/29/2017 – House Health Committee (4 Hearings), (16-0)
- 1/24/2018 – House Floor Vote (*pending*)
- 5/22/2018 – Senate Health, Human Services, and Medicaid Committee (4 Hearings), (10-0)
- 5/23/2018 – Senate Floor Vote (32-0)
- House Concurrence Vote (*pending*)

**Stakeholders**

<b>Proponent</b>	<b>Opponent</b>	<b>Interested Party</b>
<ul style="list-style-type: none"><li>• Jen Alge (Autism Society)</li><li>• Courtney Hansen (Miami Valley Down Syndrome Association)</li><li>• Jackie Ward (Miami Valley Down Syndrome Association)</li><li>• Kari Jones (Down Syndrome Association of Ohio)</li><li>• Catherine Green</li><li>• Jim Hudson (Down Syndrome Association of Greater Cincinnati)</li><li>• Jennifer Franklin Kearns</li><li>• Dr. Marc J. Tashe (The Ohio State University Nisonger Center)</li></ul>	<ul style="list-style-type: none"><li>• None</li></ul>	<ul style="list-style-type: none"><li>• None</li></ul>

<ul style="list-style-type: none"><li>• Michael Wasmer (Autism Speaks)</li><li>• Dr. Kara Ayers (University of Cincinnati Center for Excellence in Developmental Disabilities)</li><li>• Rachel Rice (Cincinnati LEND)</li></ul>		
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### **Key Provisions**

- Prohibits certain entities, including hospitals, from discriminating against potential transplant recipients solely on the basis of disability.
- Generally requires each entity to make reasonable modifications to allow individuals with disabilities access to transplantation-related treatment and services.
- Authorizes an individual who has been adversely affected by a violation of the bill's provisions to seek an injunction to stop the violation, but prohibits a court from awarding compensatory or punitive damages.
- Prohibits a health plan issuer from denying coverage for anatomical gifts, transplantation, or related treatment and services solely on the basis of disability.
- Appropriates \$2.5 million in fiscal year 2019 for the Positive Education Program Connections.

### **Additional Information**

- **Summary of Senate Changes**
  - Removes the House-passed provision generally requiring that a covered entity take necessary steps to ensure that individuals with disabilities are not denied organ transplantation services due to the absence of auxiliary aids and services.
  - Removes the House-passed provision authorizing an individual to seek an injunction or other equitable relief for a covered entity's anticipated, but not completed, violation of the bill's anti-discrimination prohibitions or organ transplantation access requirements.
  - Specifies that the House-passed provision permitting an individual to seek an injunction or other equitable relief against a covered entity that has violated or is violating one of the bill's anti-discrimination prohibitions does not create a right to compensatory or punitive damages against the covered entity.
  - Modifies the House-passed definition of "qualified recipient" to specify that it means a recipient who has a disability and meets the eligibility (rather than essential eligibility) requirements for the receipt of an anatomical gift with or without certain aides, services, or modifications.
  - Appropriates \$2.5 million in fiscal year 2019 for the Positive Education Program Connections.

- **Policy Advisor:** Steven Alexander, 740-804-3213,  
[steven.alexander@ohiohouse.gov](mailto:steven.alexander@ohiohouse.gov)

**H.B. 366 (GAVARONE)**  
Change laws governing child support

**House Co-Sponsors:** Seitz, Smith, Ginter, LaTourette, Becker, Brenner, Lang, Anielski, Antonio, Arndt, Blessing, Brown, Dean, Dever, Greenspan, Hambley, Hill, Hoops, Howse, Kick, Koehler, Manning, O'Brien, Patterson, Patton, Pelanda, Perales, Rezabek, Ryan, Schuring, Sheehy, Slaby, Smith, Stein, Sweeney, Wiggam, Young

**Senate Co-Sponsors:** Lehner, Beagle, Burke, Coley, Eklund, Gardner, Hackett, Huffman

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**Bill History**

- 1/31/2018 – House Community and Family Advancement Committee (6 Hearings), (14-0)
- 3/7/2018 – House Floor Vote (96-0)
- 5/15/2018 – Senate Judiciary Committee (2 Hearings), (9-0)
- 5/16/2018 – Senate Floor Vote (30-2)
- 5/23/2018 – House Concurrence (*pending*)

**Stakeholders**

<b>Proponent</b>	<b>Opponent</b>	<b>Interested Party</b>
<ul style="list-style-type: none"><li>• Glenn Harris (Ohio Practitioners' Network for Fathers and Families)</li><li>• Joel Potts (Ohio JFS Directors' Association)</li><li>• Dave Fleischman (Ohio Department of Jobs and Family Services)</li><li>• Rodrick Hamilton (Warren County CSEA)</li><li>• Sarah Felids (Montgomery County JFS)</li><li>• Susan Brown (Franklin County CSEA)</li><li>• William Peltcs (Franklin County CSEA)</li><li>• Amy Roehrenbeck (Ohio CSEA Directors' Association)</li></ul>	<ul style="list-style-type: none"><li>• Graham Bowman (Ohio Poverty Law Center)</li><li>• Natasha Plumly (Southeaster Ohio Legal Services)</li></ul>	<ul style="list-style-type: none"><li>• Paul Pfeffer (Ohio Judicial Conference)</li></ul>

<ul style="list-style-type: none"><li>• Eli Williams (Urban Light Ministries and Fatherhood Ohio)</li><li>• Rob Pierson (Stark County JFS)</li><li>• Theresa Bechtel Ellison (Clermont County CSEA)</li><li>• Joe Fantozzi (Summit County CSEA)</li><li>• Marcie Cousino (Lucas County CSEA)</li><li>• Cody Seiber</li><li>• Rev. Dr. Brian Moore (Ohio Practitioners' Network for Fathers and Families)</li><li>• Calvin Williams (Lucian Families Inc)</li><li>• Nauka Gray (Butler County CSEA)</li><li>• Michael Patton (Hamilton County JFS)</li><li>• Beth Anne Schorr (Warren County CSEA)</li><li>• Eric Johnson (Ohio State Bar Association)</li><li>• Frank McLaughlin (Wood County CSEA)</li><li>• Jeff Kramer (Father Factor)</li><li>• Debra Kempers (Columbiana County JFS)</li></ul>		
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#### **Key Provisions**

- Repeals the existing statutory basic child support schedule and requires the Ohio Department of Job and Family Services (ODJFS) to adopt rules to create the schedule.
- Requires the new schedule to incorporate a self-sufficiency reserve in order to create an adjusted schedule based on 116% of the federal poverty level for a single person.
- Requires ODJFS to update the basic child support schedule created in rules and the self-sufficiency reserve every four years to reflect changes in the Consumer Price Index for All Urban Consumers.

- Repeals the existing statutory worksheet forms used to calculate child support and requires ODJFS to adopt rules governing the creation of child support worksheet forms and a standard instruction manual to provide guidance and assistance for calculating child support.
- Allows ODJFS to revise the worksheet and manual as needed, but requires revisions to both at least once every five years.
- Makes changes to the law requiring ODJFS, with the assistance of a Child Support Guidelines Advisory Council, to conduct a review every four years to determine whether child support orders issued under the basic child support schedule and worksheets adequately provide for the needs of children subject to child support orders.
- Allows a court or child support enforcement agency (CSEA) to determine obligation amounts on a case-by-case basis when the combined annual income of both parents is greater than the maximum annual income established in the basic child support schedule adopted by ODJFS.
- Provides that if the combined annual income of both parents falls below the minimum annual income established in the basic child support schedule adopted by ODJFS, the court or CSEA must apply the minimum support amount.
- Makes the following changes regarding calculation of the amount of child support to be paid:
  - Permits deduction from a parent's annual income of the annual amount of any court-ordered spousal support that is actually paid, excluding any ordered payments on arrears.
  - Requires a court or CSEA to adjust the amount of child support to be paid by a parent who has children not subject to the order, instead of deducting from gross income amounts:
    - Paid for children under pre-existing support order; or
    - That equal the federal income tax exemption for children with another parent not involved in the child support proceedings.
  - Establishes additional factors that, if applicable, prevent a court or CSEA from determining a parent to be unemployed or underemployed, for purposes of imputing income.
  - Provides that if a parent has an annual income subject to the self-sufficiency reserve, the parent's support obligation cannot be more than the obligation that would have resulted from an unadjusted schedule.
  - Requires a deduction from the parent's annual child support obligations for any non-means tested benefits that a child subject to the order receives as a result of claims made by the parent.
  - Requires both parents to share child care costs, and specifies factors that a court or CSEA must consider in determining child care costs.

- Requires a court or CSEA to reduce an annual child support obligation by 10% when a court issues a parenting time order that equals or exceeds 90 overnights per year.
- Amends the existing deviation factors that the court may consider when determining whether to deviate from the amount of child support that would otherwise result from the use of the basic child support schedule and worksheet.
- Permits a court to consider the following new deviation factors when determining whether to grant a deviation:
  - The child support obligee's income, if the obligee's annual income is equal to or less than 100% of the federal poverty level.
  - Extraordinary work-related expenses incurred by either parent.
  - Post-secondary educational expenses paid for by a parent for the parent's own child or children, regardless of whether the child or children are emancipated.
  - Costs incurred or reasonably anticipated to be incurred by the parents in compliance with court-ordered reunification efforts in child abuse, neglect, or dependency cases.
  - Extraordinary child care costs required for the child or children that exceed the maximum statewide average cost, including extraordinary costs associated with specialized physical, psychological, or education conditions.
- Specifies that, in determining whether to grant a deviation based on extended parenting time or extraordinary costs associated with parenting time, the court must consider a deviation in addition to the standard 10% if parenting time equals or exceeds 90 overnights per year.
- If the non-custodial parent's parenting time equals or exceeds 147 nights per year and the deviation described in the above dot point is not granted by the court, the court shall specify the facts that are the basis of the court's decision
- Repeals "the amount of time the children spend with each parent" considered to be an extraordinary circumstance permitting deviation from the amount of child support calculated pursuant to a shared parenting order.
- Permits a court to issue separate orders for education expenses and for appropriate expenses and allows the court to consider the expenses in adjusting a child support order.
- Increases the minimum support obligation from \$50 to \$80 and permits CSAs to impose minimum support obligations.
- Requires each child support order to specify that both the child support obligor and obligee are liable for the health care expenses of any children not covered by health insurance as those expenses are calculated using a formula established by each court or CSEA.

- Makes changes regarding the determination of responsibility for obtaining health insurance coverage including establishing a rebuttable presumption that the child support obligee is the appropriate parent to provide health insurance coverage.
- Specifies circumstances that a court or CSEA may use to rebut the presumption, such as when a child support obligor wishes to be named the health insurance obligor, when the child support obligor can obtain reasonably priced coverage for the child through an employer or other source, or when the obligee is a nonparent individual or agency that has no duty to provide medical support.
- Establishes a credit for the cost of providing health insurance coverage against a parent's annual income when calculating child support.
- Makes changes to the requirement for cash medical support in child support orders, including a requirement that cash medical support orders be administered, revised, modified, and enforced in the same manner as the underlying child support order.
- Makes changes regarding the payment of extraordinary medical expenses.
- Requires that each order contain a statement setting forth the name and address of the individual to be reimbursed for medical expenses.
- Clarifies the law governing accessibility determinations made by a court or CSEA regarding primary care services under private health insurance coverage.
- Provides for modification of a child support order if a court determines that insurance coverage under the order is inadequate to meet the medical needs of the child.
- Requires a CSEA reviewing a court child support order to apply deviations from the existing order to the revised amount of child support if the monetary or percentage value can be determined by the CSEA.
- Establishes a rebuttable presumption that the amounts withheld or deducted to recover the overdue and unpaid support or arrearage under a terminated child support order are at least equal to the amount that was withheld or deducted under the terminated order.
- Permits a court or CSEA to consider evidence of household expenditures, income variables, extraordinary health care issues, and other reasons for deviation from the presumed amount.

#### **Additional Information**

- **Synopsis of Senate Amendments**
  - Requires the court to consider whether to grant a child support deviation for extended parenting time or extraordinary costs associated with parenting time, when the court-ordered parenting time exceeds 90 overnights per year

- Adds that the deviation is in addition to any other adjustments provided if court-ordered parenting time equals or exceeds 90 overnights per year
- Removes the requirement that the court recognize that expenses for the children are incurred in both households when determining whether to grant the deviation for extended parenting time or extraordinary costs associated with parenting time
- Removes the requirement that the court consider a substantial deviation if court-ordered parenting time equals or exceeds 147 overnights per year
- Requires the court to provide supporting facts regarding the denial regarding the denial of all child support deviations, not just substantial deviations, regarding court-ordered parenting time that equals or exceeds 147 overnights per year
- Makes a number of LSC-identified, technical changes
- **Companion Bill:** SB 125 (Beagle)
- **Advisor:** Steven Alexander, 740-804-3213, [steven.alexander@ohiohouse.gov](mailto:steven.alexander@ohiohouse.gov)

**H.B. 292 (SCHERER)**  
*Modify residence test for income tax purposes*

**House Co-Sponsors:** Scherer, Hambley, Rutherford, Anielski, Antani, Brown, Faber, Galonski, Ginter, Goodman, Greenspan, Henne, Householder, Hughes, Lang, Patton, Reineke, Riedel, Roegner, Rogers, Ryan, Schaffer, Seitz, R. Smith, Sprague, Sweeney, Thompson

**Senate Co-Sponsors:** Eklund, Beagle, Peterson, O'Brien, Burke, Gardner, Hackett, Hoagland, Hottinger, Huffman, Oelslager, Tavares, Terhar, Thomas

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**Bill History**

- 6/27/2017 – Introduced
- 10/26/2017 – Reported (17-1, Cera) by House Ways & Means Committee (3 hearings)
- 11/1/2017 – Passed House 91-1 (Cera)
- 5/23/2018 – Reported (9-0) by Senate Ways & Means Committee (6 hearings)
- 5/23/2018 – Passed Senate 32-0
- House Concurrence Vote Pending

**Stakeholders**

<b>Proponent</b>	<b>Opponent</b>	<b>Interested Party</b>
<ul style="list-style-type: none"><li>• Howie Biegelman, Ohio Jewish Communities (House and Senate testimony)</li><li>• Greg Saul, Ohio Society of CPAs (House and Senate testimony)</li><li>• Kelvin Lawrence, Ohio State Bar Association</li><li>• Richard B. Fry III, Chair – Ohio State Bar Association Taxation Law Committee (Senate testimony)</li></ul>	<ul style="list-style-type: none"><li>• <i>No witnesses have testified</i></li></ul>	<ul style="list-style-type: none"><li>• <i>Zach Schiller, Policy Matters Ohio (Senate testimony)</i></li></ul>

**Key Provisions (From LSC Bill Analysis As Passed By The House)**

- Specifies that an individual cannot be presumed to be an Ohio resident for income tax purposes unless the individual has an Ohio abode for at least a portion of the taxable year.
- Extends the deadline for filing a statement affirming out-of-state residency to the 15th day of the tenth month following the end of the taxable year.

- Adds several objective criteria for establishing the presumption that an individual is not an Ohio resident for income tax purposes.
- Limits the factors that may be used by the Tax Commissioner to rebut the presumption that a taxpayer is not an Ohio resident.
- Specifies that the changes apply to taxable years beginning in 2018 or thereafter.

### **Additional Information**

- **Synopsis of Senate Amendments:**

#### **Taxation**

- Authorizes the appeal of a decision of the Board of Tax Appeals (BTA) directly to the Supreme Court if the decision involves a final determination of the Tax Commissioner or a municipal income tax review board.
- Modifies the deadline by which manufactured and mobile homeowners may apply for the homestead exemption, from December 31 of the year for which the exemption is sought, to December 31 of the year before the year for which the exemption is sought.
- Requires a county in which current or certain former Olympic training facilities are located to enter into an agreement to provide a property tax exemption for those facilities in exchange for service payments.
- Increases the maximum term of a delinquent tax contract for such a facility.

#### **State employee compensation**

- Increases pay for exempt state employees paid in accordance with salary schedules E-1 and E-2.
- Authorizes each state appointing authority to make expenditures from current state operating appropriations to provide for compensation increases.
- Authorizes the Director of Budget and Management to increase expenditures from the General Revenue Fund and non-General Revenue Fund appropriation items to the extent the Director determines necessary to effectuate changes to compensation, and makes an appropriation. Allows certain state employees who work 30 or more hours per week to take up to six continuous weeks of paid parental leave at the birth of a child if the employee is listed as a parent on the child's birth certificate instead of if the employee is the biological parent of the child, as under current law.
- Allows certain state employees who work 30 or more hours per week to take up to six continuous weeks of paid parental leave at the birth of a child if the employee is listed as a parent on the child's birth

certificate instead of if the employee is the biological parent of the child, as under current law.

- Permits certain state employees to begin using vacation leave when the leave appears on the employee's earning statement and the compensation described in the earning statement is available to the employee.
- Prohibits certain state employees who separate from state employment with less than 12 months of total state service from being compensated for unused accrued vacation leave.
- Requires, beginning in December 2019, the Director of Administrative Services to allow certain full-time or part-time state employees who are credited with unused accrued vacation leave under continuing law to convert up to 40 hours of that leave to cash.
- Permits the Department of Administrative Services (DAS) to use the State Employee Health Benefit Fund to pay the cost or premiums of a contract with a health insuring corporation to provide an exempt employee with coverage for the employee's health care services.
- Eliminates a prohibition against DAS contracting with a health insuring corporation when the state's cost to cover an employee would be greater than the cost under a contract that was selected in consultation with the Superintendent of Insurance and in accordance with competitive bidding requirements.
- Allows, during fiscal year 2019, the DAS Director to request a transfer of cash from the Accrued Leave Liability Fund to the State Employee Health Benefit Fund to pay for voluntary health plans offered by the DAS Director to state employees who elect to enroll in a qualifying high deductible plan.

#### **Other state and local government provisions**

- Expands the circumstances in which a workers' compensation claim based on a motor vehicle accident involving a third party may be charged to the Surplus Fund Account in lieu of to an employer's experience.
- Changes the funding source of the Brownfields Revolving Loan Fund so that it consists of repayments of loans made for brownfield revitalization purposes, any other money transferred to it, and investment earnings, rather than consisting of transfers to the Fund made by the U.S. EPA under federal law.
- Authorizes, rather than requires as in current law, the Director of Development Services to do both of the following:
  - -Make grants and loans from the Brownfields Revolving Loan Fund; and

- Establish a schedule of fees and charges payable by loan recipients.
- Modifies the content requirements of the semiannual fund reports the Director of Budget and Management must furnish to the General Assembly beginning on October 1, 2018.
- Increases the public library facility borrowing limit as a percentage of Public Library Fund receipts from 30% to 40%, and lengthens the maximum repayment period from 25 to 40 years.
- Provides a special procedure for passage of a certain village's ordinance that accommodates a new use of real property in the village, specifies an accelerated process for holding a referendum vote on the ordinance, and declares such provisions to be an emergency measure.
- Adjusts capital appropriations and re-appropriations for the biennium ending June 30, 2020, clarifies the authorized use of certain capital earmarks, and makes other appropriations.
- **Contact:** Heather Blessing; [Heather.Blessing@ohiohouse.gov](mailto:Heather.Blessing@ohiohouse.gov); Office (614) 466-9194; Cell: (614) 352-5819.

**H.B. 366 (GAVARONE)**  
Change laws governing child support

**House Co-Sponsors:** Seitz, Smith, Ginter, LaTourette, Becker, Brenner, Lang, Anielski, Antonio, Arndt, Blessing, Brown, Dean, Dever, Greenspan, Hambley, Hill, Hoops, Howse, Kick, Koehler, Manning, O'Brien, Patterson, Patton, Pelanda, Perales, Rezabek, Ryan, Schuring, Sheehy, Slaby, Smith, Stein, Sweeney, Wiggam, Young  
**Senate Co-Sponsors:** Lehner, Beagle, Burke, Coley, Eklund, Gardner, Hackett, Huffman

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**Bill History**

- 1/31/2018 – House Community and Family Advancement Committee (6 Hearings), (14-0)
- 3/7/2018 – House Floor Vote (96-0)
- 5/15/2018 – Senate Judiciary Committee (2 Hearings), (9-0)
- 5/16/2018 – Senate Floor Vote (30-2)
- 5/23/2018 – House Concurrence (*pending*)

**Stakeholders**

Proponent	Opponent	Interested Party
<ul style="list-style-type: none"><li>• Glenn Harris (Ohio Practitioners' Network for Fathers and Families)</li><li>• Joel Potts (Ohio JFS Directors' Association)</li><li>• Dave Fleischman (Ohio Department of Jobs and Family Services)</li><li>• Rodrick Hamilton (Warren County CSEA)</li><li>• Sarah Felids (Montgomery County JFS)</li><li>• Susan Brown (Franklin County CSEA)</li><li>• William Peltcs (Franklin County CSEA)</li><li>• Amy Roehrenbeck (Ohio CSEA Directors' Association)</li></ul>	<ul style="list-style-type: none"><li>• Graham Bowman (Ohio Poverty Law Center)</li><li>• Natasha Plumly (Southeaster Ohio Legal Services)</li></ul>	<ul style="list-style-type: none"><li>• Paul Pfeffer (Ohio Judicial Conference)</li></ul>

<ul style="list-style-type: none"><li>• Eli Williams (Urban Light Ministries and Fatherhood Ohio)</li><li>• Rob Pierson (Stark County JFS)</li><li>• Theresa Bechtel Ellison (Clermont County CSEA)</li><li>• Joe Fantozzi (Summit County CSEA)</li><li>• Marcie Cousino (Lucas County CSEA)</li><li>• Cody Seiber</li><li>• Rev. Dr. Brian Moore (Ohio Practitioners' Network for Fathers and Families)</li><li>• Calvin Williams (Lucian Families Inc)</li><li>• Nauka Gray (Butler County CSEA)</li><li>• Michael Patton (Hamilton County JFS)</li><li>• Beth Anne Schorr (Warren County CSEA)</li><li>• Eric Johnson (Ohio State Bar Association)</li><li>• Frank McLaughlin (Wood County CSEA)</li><li>• Jeff Kramer (Father Factor)</li><li>• Debra Kempers (Columbiana County JFS)</li></ul>		
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#### **Key Provisions**

- Repeals the existing statutory basic child support schedule and requires the Ohio Department of Job and Family Services (ODJFS) to adopt rules to create the schedule.
- Requires the new schedule to incorporate a self-sufficiency reserve in order to create an adjusted schedule based on 116% of the federal poverty level for a single person.
- Requires ODJFS to update the basic child support schedule created in rules and the self-sufficiency reserve every four years to reflect changes in the Consumer Price Index for All Urban Consumers.

- Repeals the existing statutory worksheet forms used to calculate child support and requires ODJFS to adopt rules governing the creation of child support worksheet forms and a standard instruction manual to provide guidance and assistance for calculating child support.
- Allows ODJFS to revise the worksheet and manual as needed, but requires revisions to both at least once every five years.
- Makes changes to the law requiring ODJFS, with the assistance of a Child Support Guidelines Advisory Council, to conduct a review every four years to determine whether child support orders issued under the basic child support schedule and worksheets adequately provide for the needs of children subject to child support orders.
- Allows a court or child support enforcement agency (CSEA) to determine obligation amounts on a case-by-case basis when the combined annual income of both parents is greater than the maximum annual income established in the basic child support schedule adopted by ODJFS.
- Provides that if the combined annual income of both parents falls below the minimum annual income established in the basic child support schedule adopted by ODJFS, the court or CSEA must apply the minimum support amount.
- Makes the following changes regarding calculation of the amount of child support to be paid:
  - Permits deduction from a parent's annual income of the annual amount of any court-ordered spousal support that is actually paid, excluding any ordered payments on arrears.
  - Requires a court or CSEA to adjust the amount of child support to be paid by a parent who has children not subject to the order, instead of deducting from gross income amounts:
    - Paid for children under pre-existing support order; or
    - That equal the federal income tax exemption for children with another parent not involved in the child support proceedings.
  - Establishes additional factors that, if applicable, prevent a court or CSEA from determining a parent to be unemployed or underemployed, for purposes of imputing income.
  - Provides that if a parent has an annual income subject to the self-sufficiency reserve, the parent's support obligation cannot be more than the obligation that would have resulted from an unadjusted schedule.
  - Requires a deduction from the parent's annual child support obligations for any non-means tested benefits that a child subject to the order receives as a result of claims made by the parent.
  - Requires both parents to share child care costs, and specifies factors that a court or CSEA must consider in determining child care costs.

- Requires a court or CSEA to reduce an annual child support obligation by 10% when a court issues a parenting time order that equals or exceeds 90 overnights per year.
- Amends the existing deviation factors that the court may consider when determining whether to deviate from the amount of child support that would otherwise result from the use of the basic child support schedule and worksheet.
- Permits a court to consider the following new deviation factors when determining whether to grant a deviation:
  - The child support obligee's income, if the obligee's annual income is equal to or less than 100% of the federal poverty level.
  - Extraordinary work-related expenses incurred by either parent.
  - Post-secondary educational expenses paid for by a parent for the parent's own child or children, regardless of whether the child or children are emancipated.
  - Costs incurred or reasonably anticipated to be incurred by the parents in compliance with court-ordered reunification efforts in child abuse, neglect, or dependency cases.
  - Extraordinary child care costs required for the child or children that exceed the maximum statewide average cost, including extraordinary costs associated with specialized physical, psychological, or education conditions.
- Specifies that, in determining whether to grant a deviation based on extended parenting time or extraordinary costs associated with parenting time, the court must consider a deviation in addition to the standard 10% if parenting time equals or exceeds 90 overnights per year.
- If the non-custodial parent's parenting time equals or exceeds 147 nights per year and the deviation described in the above dot point is not granted by the court, the court shall specify the facts that are the basis of the court's decision
- Repeals "the amount of time the children spend with each parent" considered to be an extraordinary circumstance permitting deviation from the amount of child support calculated pursuant to a shared parenting order.
- Permits a court to issue separate orders for education expenses and for appropriate expenses and allows the court to consider the expenses in adjusting a child support order.
- Increases the minimum support obligation from \$50 to \$80 and permits CSAs to impose minimum support obligations.
- Requires each child support order to specify that both the child support obligor and obligee are liable for the health care expenses of any children not covered by health insurance as those expenses are calculated using a formula established by each court or CSEA.

- Makes changes regarding the determination of responsibility for obtaining health insurance coverage including establishing a rebuttable presumption that the child support obligee is the appropriate parent to provide health insurance coverage.
- Specifies circumstances that a court or CSEA may use to rebut the presumption, such as when a child support obligor wishes to be named the health insurance obligor, when the child support obligor can obtain reasonably priced coverage for the child through an employer or other source, or when the obligee is a nonparent individual or agency that has no duty to provide medical support.
- Establishes a credit for the cost of providing health insurance coverage against a parent's annual income when calculating child support.
- Makes changes to the requirement for cash medical support in child support orders, including a requirement that cash medical support orders be administered, revised, modified, and enforced in the same manner as the underlying child support order.
- Makes changes regarding the payment of extraordinary medical expenses.
- Requires that each order contain a statement setting forth the name and address of the individual to be reimbursed for medical expenses.
- Clarifies the law governing accessibility determinations made by a court or CSEA regarding primary care services under private health insurance coverage.
- Provides for modification of a child support order if a court determines that insurance coverage under the order is inadequate to meet the medical needs of the child.
- Requires a CSEA reviewing a court child support order to apply deviations from the existing order to the revised amount of child support if the monetary or percentage value can be determined by the CSEA.
- Establishes a rebuttable presumption that the amounts withheld or deducted to recover the overdue and unpaid support or arrearage under a terminated child support order are at least equal to the amount that was withheld or deducted under the terminated order.
- Permits a court or CSEA to consider evidence of household expenditures, income variables, extraordinary health care issues, and other reasons for deviation from the presumed amount.

#### Additional Information

- **Synopsis of Senate Amendments**
  - Requires the court to consider whether to grant a child support deviation for extended parenting time or extraordinary costs associated with parenting time, when the court-ordered parenting time exceeds 90 overnights per year

- Adds that the deviation is in addition to any other adjustments provided if court-ordered parenting time equals or exceeds 90 overnights per year
- Removes the requirement that the court recognize that expenses for the children are incurred in both households when determining whether to grant the deviation for extended parenting time or extraordinary costs associated with parenting time
- Removes the requirement that the court consider a substantial deviation if court-ordered parenting time equals or exceeds 147 overnights per year
- Requires the court to provide supporting facts regarding the denial regarding the denial of all child support deviations, not just substantial deviations, regarding court-ordered parenting time that equals or exceeds 147 overnights per year
- Makes a number of LSC-identified, technical changes
- **Companion Bill:** SB 125 (Beagle)
- **Advisor:** Steven Alexander, 740-804-3213, [steven.alexander@ohiohouse.gov](mailto:steven.alexander@ohiohouse.gov)

*Updated June 6, 2018*

**AM. H.B. 229 (ROMANCHUK/WIGGAM)**  
Designate Charles Follis Day

**House Co-Sponsors:** DeVitis, Thompson, Sprague, Patton, Recce, Kent, Smith, K., Brenner, Sweeney, Hambley, Anielski, Antonio, Arndt, Ashford, Blessing, Boccieri, Boyd, Brown, Butler, Celebrezze, Craig, Dever, Edwards, Fedor, Galonski, Ginter, Green, Greenspan, Hagan, Holmes, Householder, Hughes, Ingram, Johnson, Kick, Landis, Lang, Leland, Lepote-Hagan, O'Brien, Patterson, Perales, Ramos, Riedel, Roegner, Rogers, Schaffer, Schuring, Sheehy, Stein, West, Young

**Senate Co-Sponsors:** Sykes, Hackett, O'Brien, Balderson, Beagle, Brown, Burke, Coley, Dolan, Eklund, Gardner, Hoagland, Huffman, Kunze, LaRose, Lehner, Manning, Obhof, Oelslager, Peterson, Schiavoni, Terhar, Thomas, Williams, Wilson

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**Bill History**

- 5/23/17 – House State & Local Government Committee (3 Hearings), (11-0)
- 12/5/17 – House Floor Vote (95-0)
- 4/17/18 – Senate Local Govt, Public Safety, & Veterans Affairs Committee (3 Hearings), (10-0)
- 5/16/18 – Senate Floor Vote (32-0)

**Stakeholders**

Proponent	Opponent	Interested Party
<ul style="list-style-type: none"><li>• Jim Stoner</li><li>• William Bridges (Senate)</li><li>• Anessa McGregor (Senate)</li><li>• Steve Jefferson (Senate)</li></ul>		

**Key Provisions**

- Designates February 3 as "Charles Follis Day" in honor of the first African American professional football player.

**Additional Information**

- **Amendment accepted on Senate Floor:** capitalizing "Blues." Charles Follis played football for the Shelby Blues.
- **Policy Advisor:** Lisa Griffin, 937-554-6372, lisa.griffin@ohiohouse.gov

*Updated June 6, 2018*

**AM. SUB. H.B. 8 (HAMBLEY/REZABEK)**  
Prohibit disclosing injuries to minors in school vehicles

**House Co-Sponsors:** Brenner, Thompson, Koehler, Riedel, Dean, Blessing, Goodman, Anielski, Antonio, Arndt, Barnes, Boccieri, Boyd, Conditt, Dever, Edwards, Faber, Fedor, Galonski, Gavarone, Green, Greenspan, Holmes, Householder, Ingram, Kick, Landis, Leland, Manning, O'Brien, Patmon, Patterson, Patton, Pelanda, Perales, Ramos, Reineke, Rogers, Ryan, Schaffer, Slaby, Smith, K., Stein, Sweeney, West, Young

**Senate Co-Sponsors:** Uecker, Hackett, Balderson, Brown, Burke, Huffman, Kunze, Lehner, Manning, Oelslager, Schiavoni, Tavares, Thomas, Yuko

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**Bill History**

- 5/1/17 -- Government Accountability & Oversight Committee (4 Hearings), (11-0)
- 5/24/17- House Floor Vote (95-2, Ashford & Antani)
- 10/24/17 – Senate Local Government, Public Safety, and Veterans Affairs (5 Hearings)(9-1)
- 5/23/18 – Senate Re-referral to Local Government, Public Safety, and Veterans Affairs (1 Hearing)(8-1)
- 5/23/18 – Senate Floor Vote (29-0)

**Stakeholders**

<b>Proponent</b>	<b>Opponent</b>	<b>Interested Party</b>
<ul style="list-style-type: none"><li>• Thomas Ash- Buckeye Association of School Administrators (BASA)</li><li>• Barbara Shaner – Ohio Assoc. of School Business Officials (OASBO)</li><li>• Damon Asbury – Ohio School Boards Association (OSBA)</li><li>• William J. Horton</li><li>• James D. Horton</li><li>• Highland Local School District Board of Education (by Resolution)</li></ul>	<ul style="list-style-type: none"><li>• Dennis Hetzel – Ohio News Media Association</li><li>• John C. Greiner</li></ul>	

**Key Provisions**

- Exempts from the Public Records Law certain personal information concerning a minor in a record related to a school vehicle traffic accident.
- Provides for a journalist exemption to allow access to certain personal information concerning such a minor.
- Establishes a process under which the parent or guardian of a minor whose personal information is included in a record related to a school vehicle traffic accident may request a copy of the record.
- Exempts from the Public Records Law "protected health information," as defined in the federal Health Insurance Portability and Accountability Act (HIPPA), when included in a health claim for payment or another document revealing the identity of an individual.